Filed 12/07/21 Entered 12/07/21 16:50:00 Desc Main Case 21-24997 Doc 10 Document Page 1 of 52

| Fill in this infor | rmation to identify your | case: | | |
|---------------------|--------------------------|------------------|-----------|------------------------------------|
| Debtor 1 | Joel Jim Gonzale | es | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | Jenna Nadine Go | nzales | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States B | ankruptcy Court for the: | DISTRICT OF UTAH | | |
| Case number | 21-24997 | | | |
| (if known) | | | | Check if this is an amended filing |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct

| | Your as | ssets f what you own |
|--|---|---|
| Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | \$ | 0.00 |
| 1b. Copy line 62, Total personal property, from Schedule A/B | \$ | 10,343.76 |
| 1c. Copy line 63, Total of all property on Schedule A/B | \$ | 10,343.76 |
| 2: Summarize Your Liabilities | | |
| | | abilities you owe |
| Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$ | 4,700.00 |
| Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$ | 0.00 |
| 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | \$ | 35,374.58 |
| Your total liabilities | \$ | 40,074.58 |
| 3: Summarize Your Income and Expenses | | |
| Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | \$ | 3,444.77 |
| Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J | \$ | 3,327.16 |
| 4: Answer These Questions for Administrative and Statistical Records | | |
| Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you | r other sch | edules. |
| ■ Yes What kind of debt do you have? | | |
| | 2: Summarize Your Liabilities Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | 1c. Copy line 63, Total of all property on Schedule A/B |

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

the court with your other schedules.

Case 21-24997 Doc 10 Filed 12/07/21 Entered 12/07/21 16:50:00 Desc Main Document Page 2 of 52

Debtor 1 Joel Jim Gonzales
Debtor 2 Jenna Nadine Gonzales Case number (if known) 21-24997

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

2,739.82

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| | Tota | l claim |
|--|------|---------|
| From Part 4 on Schedule E/F, copy the following: | | |
| 9a. Domestic support obligations (Copy line 6a.) | \$_ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$_ | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$_ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$_ | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$_ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$_ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 0.00 |

Case 21-24997 Doc 10 Filed 12/07/21 Entered 12/07/21 16:50:00 Desc Main Document Page 3 of 52

| | | Document | Page 3 of 52 | | |
|---|---|--|---|--|---------------------------------------|
| Fill in this infor | mation to identify your car | se and this filing: | | | |
| Debtor 1 | Joel Jim Gonzales | | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 (Spouse, if filing) | Jenna Nadine Gonz | ales Middle Name | Lost Nama | | |
| | | | Last Name | | |
| United States Ba | ankruptcy Court for the: D | ISTRICT OF UTAH | | | |
| Case number | 21-24997 | | | | ☐ Check if this is an |
| | | | - | | amended filing |
| | | | | | |
| Official Fo | rm 106A/B | | | | |
| _ | e A/B: Prope | rtv | | | 40/45 |
| | | ems. List an asset only once. If | on coast fits in more than on | a actomomy list the asset in | 12/15 |
| hink it fits best. E nformation. If mor Answer every ques | de as complete and accurate a re space is needed, attach a s stion. | as possible. If two married peopl eparate sheet to this form. On th and, or Other Real Estate You Ov | e are filing together, both ar ne top of any additional page | e equally responsible for su | pplying correct |
| Part I. Describe | Lacii Residence, Building, La | ind, or other Real Estate Tod Of | wii oi riave ali iliterest ili | | |
| . Do you own or l | have any legal or equitable in | terest in any residence, building | , land, or similar property? | | |
| ■ No. Go to Pai | rt 2. | | | | |
| ☐ Yes. Where i | is the property? | | | | |
| | | | | | |
| Part 2: Describe | Your Vehicles | | | | |
| Part 2. Describe | Tour venicles | | | | |
| Cars, vans, tr□ No■ Yes | ucks, tractors, sport utilit | y vehicles, motorcycles | | | |
| 3.1 Make: | Hyundai | Who has an interest in th | ne property? Chack and | Do not deduct secured cla | aims or exemptions. Put |
| _ | Elantra | Debtor 1 only | ic property: Check one | the amount of any secure Creditors Who Have Clair | |
| Year: | 2013 | Debtor 2 only | | | |
| Approximat | te mileage: | ■ Debtor 1 and Debtor 2 | only | Current value of the entire property? | Current value of the portion you own? |
| Other inform | mation: | At least one of the debt | tors and another | | |
| | | | | | |
| | | Check if this is comm (see instructions) | nunity property | \$5,800.00 | \$5,800.00 |

Official Form 106A/B Schedule A/B: Property page 1

claims or exemptions.

Case 21-24997 Doc 10 Filed 12/07/21 Entered 12/07/21 16:50:00 Desc Main Document Page 4 of 52

Debtor 1 **Joel Jim Gonzales** Case number (if known) 21-24997 Debtor 2 Jenna Nadine Gonzales 6. Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware □ No Yes. Describe..... Kitchen Table & chairs \$20, Dining Room Table & Chairs \$40 \$60.00 Living Room Couches \$900, Chairs \$60, Coffee/End Tables \$15 \$975.00 \$110.00 Beds \$70 and Bedding Sets \$40 Dressers \$100 and Nightstands \$40 \$140.00 Stove \$50, Refrigerator \$80, Clothes Washing Machine \$80, Dryer \$330.00 \$80, and Microwave Oven \$40 Small Kitchen Appliances \$100.00 Dishwasher \$70.00 \$20.00 Books Kid Wooden Instrument \$20.00 Vacuum Cleaner \$60.00 Patio Equipment/Furniture \$15.00 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games ☐ No Yes. Describe..... \$300.00 Television Home Computer/Laptop \$30.00 \$100.00 Video Game System Cell Phone \$300.00 \$5.00 iPod **DVD's CD's Movies** \$30.00

Filed 12/07/21 Entered 12/07/21 16:50:00 Desc Main Document Page 5 of 52 Case 21-24997 Doc 10

| Debtor 1 Debtor 2 | Joel Jim Go Jenna Nadir | | | | ber (if known) 21-24997 | | |
|------------------------------------|--|--|---|-----------------|---------------------------------|--|--|
| | | Tablets | | | \$90.00 | | |
| ■ No □ Yes. | | figurines; paintings, prints, or other artwork | k; books, pictures, or other art object | ts; stamp, coin | , or baseball card collections; | | |
| Examp | | graphic, exercise, and other hobby equipm | ent; bicycles, pool tables, golf clubs | , skis; canoes | and kayaks; carpentry tools; | | |
| | | Bat & Balls | | | \$20.00 | | |
| | | Sensory Items | | | \$50.00 | | |
| ■ No □ Yes. 11. Clother Exam □ No | ples: Pistols, rifles Describe | s, shotguns, ammunition, and related equipotes, shotguns, ammunition, and related equipotes, shotguns, leather coats, designer wear, s | | | | | |
| | | Clothing | | | \$500.00 | | |
| □ No | | welry, costume jewelry, engagement rings, Engagement/Wedding Rings | wedding rings, heirloom jewelry, wa | atches, gems, g | gold, silver | | |
| Exam □ No | arm animals ples: Dogs, cats, Describe | birds, horses | | | | | |
| | | Dog | | | \$20.00 | | |
| | | Bird | | | \$5.00 | | |
| ■ No | ther personal an | d household items you did not already l | ist, including any health aids you | did not list | | | |
| | the dollar value | of all of your entries from Part 3, includi | ng any entries for pages you have | e attached | \$3,950.00 | | |

Case 21-24997 Doc 10 Filed 12/07/21 Entered 12/07/21 16:50:00 Desc Main Document Page 6 of 52

| Debtor Debtor | | zales | Cas | se number (if known) | 21-24997 |
|------------------|--|--|--|--------------------------|---|
| Part 4: | Describe Your Financial Asse | ets | | | |
| | own or have any legal or e | | y of the following? | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| ■ N | amples: Money you have in y | - | , in a safe deposit box, and on hand whe | en you file your petitic | on |
| Ex | institutions. If you ha | | s; certificates of deposit; shares in credit h the same institution, list each. | unions, brokerage h | nouses, and other similar |
| □ N ■ Y | lo ′es | | Institution name: | | |
| | 17.1. | | Chime 9014 | | \$0.00 |
| | 17.2. | | Varo 0918 | | \$0.00 |
| | 17.3. | | Choice Financial Group 1283 | | \$0.00 |
| | 17.4. | Other financial account | VENMO | | \$0.00 |
| Ex. ■ N | | | age firms, money market accounts | | |
| | nt venture | l interests in incorporat | ed and unincorporated businesses, i | ncluding an interes | t in an LLC, partnership, and |
| ПΥ | es. Give specific information Na | n about them ame of entity: | % | of ownership: | |
| Ne No ■ N | gotiable instruments include nnnegotiable instruments are | personal checks, cashie those you cannot transf | ble and non-negotiable instruments s' checks, promissory notes, and money er to someone by signing or delivering the | | |
| | | suer name: | | | |
| | | | b), thrift savings accounts, or other pens | ion or profit-sharing | plans |
| ■ Y | es. List each account separa Type | ately. of account: | Institution name: | | |
| | 401(| k) | Merryl Linch | | \$593.76 |
| Yo Ex | amples: Agreements with lan | its you have made so that | at you may continue service or use from lic utilities (electric, gas, water), telecom | | ies, or others |
| ■ N | lo | | In additional in the second of the second | | |

Institution name or individual: ☐ Yes.

Case 21-24997 Doc 10 Filed 12/07/21 Entered 12/07/21 16:50:00 Desc Main Page 7 of 52 Document Debtor 1 **Joel Jim Gonzales** Case number (if known) 21-24997 Debtor 2 Jenna Nadine Gonzales 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) No Issuer name and description. ☐ Yes..... 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). ■ No Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): ☐ Yes..... 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit ■ No ☐ Yes. Give specific information about them... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements ☐ Yes. Give specific information about them... 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses ☐ Yes. Give specific information about them... Money or property owed to you? Current value of the portion you own? Do not deduct secured claims or exemptions. 28. Tax refunds owed to you ■ No ☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years...... 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement ☐ Yes. Give specific information..... 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else ■ No \square Yes. Give specific information.. 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance ☐ Yes. Name the insurance company of each policy and list its value. Beneficiary: Surrender or refund Company name: value: 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. No

☐ Yes. Give specific information..

33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment

Examples: Accidents, employment disputes, insurance claims, or rights to sue

■ No

☐ Yes. Describe each claim.......

Case 21-24997 Doc 10 Filed 12/07/21 Entered 12/07/21 16:50:00 Page 8 of 52 Document Debtor 1 Joel Jim Gonzales Case number (if known) 21-24997 Debtor 2 Jenna Nadine Gonzales 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims ☐ Yes. Describe each claim....... 35. Any financial assets you did not already list ■ No ☐ Yes. Give specific information.. 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached \$593.76 for Part 4. Write that number here..... Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1. 37. Do you own or have any legal or equitable interest in any business-related property? No. Go to Part 6. ☐ Yes. Go to line 38. Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? No. Go to Part 7. ☐ Yes. Go to line 47. Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership ■ No ☐ Yes. Give specific information....... 54. Add the dollar value of all of your entries from Part 7. Write that number here \$0.00 List the Totals of Each Part of this Form Part 8: 55. Part 1: Total real estate, line 2 \$0.00 Part 2: Total vehicles, line 5 \$5,800.00 57. Part 3: Total personal and household items, line 15 \$3,950.00 Part 4: Total financial assets, line 36 58. \$593.76 Part 5: Total business-related property, line 45 \$0.00 Part 6: Total farm- and fishing-related property, line 52 \$0.00

Official Form 106A/B Schedule A/B: Property page 6

\$0.00

Copy personal property total

\$10,343.76

Part 7: Total other property not listed, line 54

Total personal property. Add lines 56 through 61...

63. Total of all property on Schedule A/B. Add line 55 + line 62

\$10,343.76

\$10.343.76

Case 21-24997 Doc 10 Filed 12/07/21 Entered 12/07/21 16:50:00 Desc Main Document Page 9 of 52

| Fill in this infor | mation to identify your | case: | | |
|---|-------------------------|------------------|-----------|--------------------------------------|
| Debtor 1 | Joel Jim Gonzale | es | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | Jenna Nadine Go | nzales | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Bankruptcy Court for the: | | DISTRICT OF UTAH | | |
| Case number | 21-24997 | | | |
| (if known) | | | | ☐ Check if this is an amended filing |

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

| 1. | Which set of exemptions are you claiming? | Check one only, | even if your spouse | is filing with you. |
|----|---|-----------------|---------------------|---------------------|
|----|---|-----------------|---------------------|---------------------|

- You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Amo | ount of the exemption you claim | Specific laws that allow exemption |
|--|--------------------------------------|-----|---|--|
| | Copy the value from Schedule A/B | Che | ck only one box for each exemption. | |
| 2013 Hyundai Elantra Line from Schedule A/B: 3.1 | \$5,800.00 | | \$0.00 | Utah Code Ann. § 78B-5-506(3) |
| Zino nom concade / v.z. cm | | | 100% of fair market value, up to any applicable statutory limit | |
| Kitchen Table & chairs \$20, Dining Room Table & Chairs \$40 | \$60.00 | | \$60.00 | Utah Code Ann. § 78B-5-506(1)(b) |
| Line from Schedule A/B: 6.1 | | | 100% of fair market value, up to any applicable statutory limit | 102 0 300(1)(0) |
| Living Room Couches \$900, Chairs \$60, Coffee/End Tables \$15 | \$975.00 | | \$975.00 | Utah Code Ann. § 78B-5-506(1)(a) |
| Line from Schedule A/B: 6.2 | | | 100% of fair market value, up to any applicable statutory limit | 102 0 000(1)(a) |
| Beds \$70 and Bedding Sets \$40 Line from Schedule A/B: 6.3 | \$110.00 | | \$110.00 | Utah Code Ann. § 78B-5-505(1)(a)(viii)(E) |
| | | | 100% of fair market value, up to any applicable statutory limit | |
| Stove \$50, Refrigerator \$80, Clothes Washing Machine \$80, Dryer \$80, and | \$330.00 | | \$330.00 | Utah Code Ann. § 78B-5-505(1)(a)(viii)(A) |
| Microwave Oven \$40 Line from Schedule A/B: 6.5 | | | 100% of fair market value, up to any applicable statutory limit | . 02 0 000(1)(4)(1)(4) |
| | | | | |

Case 21-24997 Doc 10 Filed 12/07/21 Entered 12/07/21 16:50:00 Desc Main Document Page 10 of 52

| Debtor Debtor | | | Case number (if known) | 21-24997 | | |
|------------------|---|-------------------------------------|------------------------|---|--|--|
| | Brief description of the property and line on Current value of the Schedule A/B that lists this property portion you own | | | ount of the exemption you claim | Specific laws that allow exemption | |
| | | Copy the value from Schedule A/B | Che | eck only one box for each exemption. | | |
| | ooks ne from <i>Schedule A/B</i> : 6.8 | \$20.00 | | \$20.00 | Utah Code Ann. § 78B-5-506(1)(c) | |
| | io nome conceane / v z. | | | 100% of fair market value, up to any applicable statutory limit | 102 0 000(1)(0) | |
| | d Wooden Instrument | \$20.00 | | \$20.00 | Utah Code Ann. § 78B-5-506(1)(c) | |
| LII | le IIOIII <i>Schedule A/B.</i> 0.3 | | | 100% of fair market value, up to any applicable statutory limit | 702-3-300(1)(c) | |
| | othing ne from <i>Schedule A/B</i> : 11.1 | \$500.00 | | \$500.00 | Utah Code Ann. § 78B-5-505(1)(a)(viii)(D) | |
| LII | le IIIIII <i>Schedule A/B.</i> TTT | | | 100% of fair market value, up to any applicable statutory limit | 70 <u>0-</u> 3-303(1)(a)(VIII)(b) | |
| | ngagement/Wedding Rings | \$600.00 | | \$600.00 | Utah Code Ann. § 78B-5-506(1)(d) | |
| LII | le IIOIII Schedule A/B. 12.1 | | | 100% of fair market value, up to any applicable statutory limit | 76B-3-300(1)(d) | |
| Do | og ne from <i>Schedule A/B</i> : 13.1 | \$20.00 | | \$20.00 | Utah Code Ann. § 78B-5-506(1)(c) | |
| LII | ie IIIIII Schedule A.B. 19.1 | | | 100% of fair market value, up to any applicable statutory limit | 702 3 300(1)(6) | |
| Bi | rd ne from <i>Schedule A/B</i> : 13.2 | \$5.00 | | \$5.00 | Utah Code Ann. § 78B-5-506(1)(c) | |
| LII | ie iidiii <i>3cheddie A/D</i> . 10.2 | | | 100% of fair market value, up to any applicable statutory limit | 702 3 300(1)(6) | |
| | 11(k): Merryl Linch ne from Schedule A/B: 21.1 | \$593.76 | | \$593.76 | Utah Code Ann. § 78B-5-505(1)(a)(xiv) | |
| LII | io nom denedate A/D. Z1.1 | | | 100% of fair market value, up to any applicable statutory limit | 702 3 300(1)(d)(xiv) | |
| | e you claiming a homestead exemption ubject to adjustment on 4/01/22 and every No Yes. Did you acquire the property cover No Yes | 3 years after that for ca | ises fi | , | , | |

Case 21-24997 Doc 10 Filed 12/07/21 Entered 12/07/21 16:50:00 Desc Main

| | Document | Page 11 | L of 52 | | |
|---|---|------------------|--|--|--------------------------|
| Fill in this information to identify y | our case: | | | | |
| Debtor 1 Joel Jim Gonz | zales | | | | |
| First Name | Middle Name | Last Name | | | |
| Debtor 2 Jenna Nadine | | | | | |
| (Spouse if, filing) First Name | Middle Name | Last Name | | | |
| United States Bankruptcy Court for the | ne: DISTRICT OF UTAH | | | | |
| Case number 21-24997 | | | | | |
| (if known) | | | | | k if this is an |
| <u> </u> | | | | amer | nded filing |
| Official Form 106D | | | | | |
| Schedule D: Creditor | 's Who Have Claims | Secure | d by Propert | У | 12/15 |
| Be as complete and accurate as possibl is needed, copy the Additional Page, fill | | | | | |
| number (if known). | | | | pugoo,o you | |
| Do any creditors have claims secured | by your property? | | | | |
| ☐ No. Check this box and submi | t this form to the court with your other | r schedules. Y | ou have nothing else t | o report on this form. | |
| Yes. Fill in all of the information | n below. | | | | |
| Part 1: List All Secured Claims | | | | | |
| 2. List all secured claims. If a creditor ha | | | | Column B | Column C |
| for each claim. If more than one creditor had much as possible, list the claims in alphab | | | Amount of claim Do not deduct the value of collateral. | Value of collateral that supports this claim | Unsecured portion If any |
| 2.1 Title Max | Describe the property that secures | the claim: | \$4,700.00 | \$5,800.00 | \$0.00 |
| Creditor's Name | 2013 Hyundai Elantra | | | | |
| | | | | | |
| 2070 Harrison Blvd | As of the date you file, the claim is: | : Check all that | | | |
| Ogden, UT 84401 | apply. Contingent | | | | |
| Number, Street, City, State & Zip Code | ☐ Unliquidated | | | | |
| | ☐ Disputed | | | | |
| Who owes the debt? Check one. | Nature of lien. Check all that apply. | | | | |
| Debtor 1 only | An agreement you made (such as | mortgage or se | cured | | |
| Debtor 2 only | car loan) | | | | |
| ■ Debtor 1 and Debtor 2 only | ☐ Statutory lien (such as tax lien, me | echanic's lien) | | | |
| \square At least one of the debtors and anothe | r | | | | |
| ☐ Check if this claim relates to a community debt | ☐ Other (including a right to offset) | | | | |
| Date debt was incurred | Last 4 digits of account num | nber | | | |
| | | | | | |
| Add the dollar value of your entries in | Column A on this page. Write that nun | nber here: | \$4,70 | 00.00 | |
| If this is the last page of your form, ac | dd the dollar value totals from all pages | i. | \$4,70 | | |

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Write that number here:

Case 21-24997 Doc 10 Filed 12/07/21 Entered 12/07/21 16:50:00 Desc Main Document Page 12 of 52

| | | | Document | Page | 12 of 5 | 2 | | |
|--|--|--|---|---|---|---|---|---|
| Fill | in this inform | ation to identify your cas | se: | | | | | |
| Deb | tor 1 | Joel Jim Gonzales | | | | | | |
| | | First Name | Middle Name | Last Name | 9 | | | |
| | tor 2 | Jenna Nadine Gonza | | | | | | |
| (Spot | use if, filing) | First Name | Middle Name | Last Name | Э | | | |
| Unit | ed States Ban | kruptcy Court for the: | DISTRICT OF UTAH | | | | | |
| Cas | e number 2 | 1-24997 | | | | | | |
| (if kno | | | | | | | ☐ Check | if this is an |
| | | | | | | | amend | led filing |
| ∩ffi | icial Form | 106E/E | | | | | | |
| | | | o Have Unsecured | Claim | 2 | | | 12/15 |
| any e Sche Sche eft. <i>A</i> | xecutory contr dule G: Execute dule D: Credito | acts or unexpired leases tha ory Contracts and Unexpired ors Who Have Claims Secured inuation Page to this page. It | art 1 for creditors with PRIORITY It could result in a claim. Also lis I Leases (Official Form 106G). Do d by Property. If more space is n f you have no information to rep | st executo o not inclu leeded, co | ry contract: ide any cred py the Part | s on Schedule A/B: F ditors with partially s you need, fill it out, | Property (Official For secured claims that a number the entries i | m 106A/B) and on are listed in n the boxes on the |
| Part | 1: List All | of Your PRIORITY Unse | cured Claims | | | | | |
| 1. | Do any creditor | rs have priority unsecured cl | laims against you? | | | | | |
| l | No. Go to Pa | art 2. | | | | | | |
| | Yes. | | | | | | | |
| i I | identify what type possible, list the | e of claim it is. If a claim has be claims in alphabetical order ac | a creditor has more than one prior oth priority and nonpriority amounts ccording to the creditor's name. If y ular claim, list the other creditors in | s, list that o ou have m | laim here ar | nd show both priority a | nd nonpriority amoun | ts. As much as |
| (| (For an explanat | tion of each type of claim, see | the instructions for this form in the | instruction | booklet.) | Total claim | Priority amount | Nonpriority amount |
| 2.1 | | Revenue Service | Last 4 digits of accoun | nt number | Notice Only | \$0.00 | \$0.00 | \$0.00 |
| | | ditor's Name zed Insolvency Operat 7346 | ion When was the debt inc | curred? | | | - | |
| | | phia, PA 19101-7346 | | | | | | |
| | Number Str | reet City State Zip Code | As of the date you file, | the claim | is: Check a | II that apply | | |
| | Who incurred | the debt? Check one. | ☐ Contingent | | | | | |
| | Debtor 1 or | nly | ☐ Unliquidated | | | | | |
| | Debtor 2 or | nly | ☐ Disputed | | | | | |
| | Debtor 1 ar | nd Debtor 2 only | Type of PRIORITY unse | ecured cla | im: | | | |
| | ☐ At least one | e of the debtors and another | ☐ Domestic support ob | ligations | | | | |
| | ☐ Check if th | nis claim is for a community | debt Taxes and certain ot | her debts y | ou owe the | government | | |
| | Is the claim su | ubject to offset? | Claims for death or p | ersonal inj | ury while yo | u were intoxicated | | |
| | No | | Other Specify | | | | | |

☐ Yes

Case 21-24997 Doc 10 Filed 12/07/21 Entered 12/07/21 16:50:00 Desc Main Document Page 13 of 52

| Debt Debt | or 1 Joel Jim Gonzales or 2 Jenna Nadine Gonzales | | Case number | er (if known) | 21-24997 | | |
|--------------|---|---|-------------------|---------------------|-------------------|--------------|-----------------------|
| 2.2 | Utah State Tax Commission | | Notice Only | \$0.00 | \$0 | 0.00 | \$0.00 |
| | Priority Creditor's Name 210 North 1950 West Salt Lake City, UT 84134 | When was the debt incurred? | | | - | | |
| | Number Street City State Zip Code | As of the date you file, the claim is: | : Check all that | apply | | | |
| | Who incurred the debt? Check one. | ☐ Contingent | | | | | |
| | ■ Debtor 1 only | ☐ Unliquidated | | | | | |
| | ☐ Debtor 2 only | ☐ Disputed | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | Type of PRIORITY unsecured claim | n: | | | | |
| | ☐ At least one of the debtors and another | ☐ Domestic support obligations | | | | | |
| | ☐ Check if this claim is for a community debt | ■ Taxes and certain other debts you | owe the gover | nment | | | |
| | Is the claim subject to offset? | ☐ Claims for death or personal injury | | | | | |
| | ■ No | Other. Specify | | | | | |
| | Yes | | | | | | |
| u tl | .ist all of your nonpriority unsecured claims in the insecured claim, list the creditor separately for each c nan one creditor holds a particular claim, list the other art 2. | laim. For each claim listed, identify what | type of claim it | is. Do not list cla | aims already incl | uded in Part | 1. If more Page of |
| 4.1 | Ad Astra Recovery | Last 4 digits of account number | 0121 | | | | \$355.00 |
| | Nonpriority Creditor's Name 7330 West 33rd Street North Suite 118 Wichita, KS 67205 Number Street City State Zip Code Who incurred the debt? Check one. | When was the debt incurred? As of the date you file, the claim | Opened 12/10/19 | 11/18 Last A | Active | | 4000.00 |
| | ■ Debtor 1 only | ☐ Contingent | | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | ed claim: | | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | | |
| | debt | ☐ Obligations arising out of a sep | aration agreem | ent or divorce th | nat you did not | | |
| | Is the claim subject to offset? | report as priority claims | | | | | |
| | No | Debts to pension or profit-shari | 01 | | | | |
| | ☐ Yes | Other. Specify Collection | Attorney S | peedycash. | Com 89-Ut | | |

Case 21-24997 Doc 10 Filed 12/07/21 Entered 12/07/21 16:50:00 Desc Main Document Page 14 of 52

| | Jenna Nadine Gonzales | | Case number (if known) 21-24997 | |
|-----|---|---|--|------------|
| 4.2 | Bonneville Collections Nonpriority Creditor's Name | Last 4 digits of account number | 7100 | \$3,592.00 |
| | Po Box 150621 Ogden, UT 84415 | When was the debt incurred? | Opened 1/15/19 Last Active 12/18 | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | • | |
| | □Yes | ■ Other. Specify 09 Cottonw | rood Grove Llc | |
| 4.3 | Bonneville Collections | Last 4 digits of account number | 0033 | \$486.00 |
| | Nonpriority Creditor's Name Po Box 150621 Ogden, UT 84415 | When was the debt incurred? | Opened 5/03/17 Last Active 09/16 | |
| | Number Street City State Zip Code | As of the date you file, the claim | s: Check all that apply | |
| | Who incurred the debt? Check one. | , | or chook an unat apply | |
| | ☐ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | ☐ Yes | Other. Specify Medical De | bt North View Dental | |
| 4.4 | Caine & Weiner Nonpriority Creditor's Name | Last 4 digits of account number | 4355 | \$102.00 |
| | Attn: Bankruptcy 5805 Sepulveda Blvd | When was the debt incurred? | Opened 02/17 Last Active 12/16 | |
| | Sherman Oaks, CA 91411 Number Street City State Zip Code | As of the date you file, the claim | s: Check all that apply | |
| | Who incurred the debt? Check one. | • | , | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | \square Check if this claim is for a community debt | ☐ Student loans☐ Obligations arising out of a sepa | ration agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | | |
| | No | Debts to pension or profit-sharing | | |
| | ☐ Yes | ■ Other. Specify Collection | Attorney Kemper | |

Case 21-24997 Doc 10 Filed 12/07/21 Entered 12/07/21 16:50:00 Desc Main Document Page 15 of 52

| | or 2 Jenna Nadine Gonzales | | Case number (if known) | 21-24997 | |
|-----|---|--|-------------------------------|------------------|----------|
| 4.5 | Chimef/str | Last 4 digits of account number | 2767 | | \$286.00 |
| | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 417 | When was the debt incurred? | Opened 11/20 Last 8/01/21 | t Active | <u> </u> |
| | San Francisco, CA 94104 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | | |
| | Debtor 1 only | ☐ Contingent | | | |
| | Debtor 2 only | ☐ Unliquidated | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce | that you did not | |
| | No | Debts to pension or profit-sharing | g plans, and other similar de | ebts | |
| | ☐ Yes | ■ Other. Specify Credit Line | Secured | | |
| 4.6 | Chimef/str | Last 4 digits of account number | 8137 | | \$184.00 |
| | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 417 | When was the debt incurred? | Opened 03/21 Last 8/01/21 | t Active | |
| | San Francisco, CA 94104 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | | |
| | Debtor 1 only | Пол | | | |
| | Debtor 2 only | ☐ Contingent | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Unliquidated☐ Disputed | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | |
| | debt | ☐ Obligations arising out of a sepa | ration agreement or divorce | that you did not | |
| | Is the claim subject to offset? | report as priority claims | J | · | |
| | No | Debts to pension or profit-sharing | • | ebts | |
| | Yes | ■ Other. Specify Credit Line | Secured | | |
| 4.7 | Convergent Outsourcing, Inc. | Last 4 digits of account number | 5720 | | \$747.00 |
| | Nonpriority Creditor's Name Attn: Bankruptcy 800 Sw 39th St, Ste 100 Renton, WA 98057 | When was the debt incurred? | Opened 06/20 Last 03/18 | t Active | |
| | Number Street City State Zip Code | As of the date you file, the claim | is: Check all that apply | | |
| | Who incurred the debt? Check one. | | | | |
| | Debtor 1 only | ☐ Contingent | | | |
| | Debtor 2 only | ☐ Unliquidated | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans ☐ Obligations arising out of a sepa | ration agreement or divorce | that you did not | |
| | Is the claim subject to offset? | report as priority claims | | | |
| | ■ No | Debts to pension or profit-sharin | | ebts | |
| | Yes | Other. Specify Collection | Attorney Sprint | | |

Case 21-24997 Doc 10 Filed 12/07/21 Entered 12/07/21 16:50:00 Desc Main Document Page 16 of 52

| Debtor 1 Debtor 2 | Joel Jim Gonzales Jenna Nadine Gonzales | | Case number (if kno | own) 21-24997 | |
|----------------------|--|--|------------------------|--------------------------|----------|
| | Credit Service of Logan, Inc. | Last 4 digits of account number | 0306 | | Unknown |
| | Nonpriority Creditor's Name P.O. Box 3730 Logan, UT 84323-3730 | When was the debt incurred? | | | |
| _ | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that appl | у | |
| | Debtor 1 only | ☐ Contingent | | | |
| | Debtor 2 only | ☐ Unliquidated | | | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | ration agreement or d | divorce that you did not | |
| | ■ No | ☐ Debts to pension or profit-sharin | g plans, and other sin | nilar debts | |
| | Yes | Other. Specify Collections | 3 | | |
| | Desert Rock Capital, Inc. | Last 4 digits of account number | 2007 | | \$200.00 |
| | Nonpriority Creditor's Name PO Box 910985 Saint George, UT 84791 | When was the debt incurred? | | | |
| | Number Street City State Zip Code | As of the date you file, the claim i | s: Check all that appl | у | |
| | Who incurred the debt? Check one. | | | | |
| | Debtor 1 only | ☐ Contingent | | | |
| | Debtor 2 only | ☐ Unliquidated | | | |
| | ■ Debtor 1 and Debtor 2 only | □ Disputed | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | ration agreement or d | divorce that you did not | |
| | ■ No | ☐ Debts to pension or profit-sharin | g plans, and other sin | nilar debts | |
| | Yes | Other. Specify Personal L | oan | | |
| 4.1 | Elevate Credit Union | Last 4 digits of account number | 5930 | | \$0.00 |
| 0 | Nonpriority Creditor's Name | Last 4 digits of account number | | | |
| | Po Box 624 Brigham City, UT 84302 | When was the debt incurred? | Opened 08/11 02/14 | Last Active | |
| _ | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that appl | у | |
| | ■ Debtor 1 only | ☐ Contingent | | | |
| | Debtor 2 only | ☐ Unliquidated | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | ration agreement or d | divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other sin | nilar debts | |
| | □Yes | Other. Specify Automobile |) | | |

Case 21-24997 Doc 10 Filed 12/07/21 Entered 12/07/21 16:50:00 Desc Main Document Page 17 of 52

| 2 Jenna Nadine Gonzales | | Case number (if known) | | |
|--|--|-------------------------------|------------------|---|
| Elevate Credit Union | Last 4 digits of account number | 5931 | | \$0.00 |
| Nonpriority Creditor's Name | _ | Opened 09/15 Last | | |
| Po Box 624 Brigham City, UT 84302 | When was the debt incurred? | | | |
| Number Street City State Zip Code | As of the date you file, the claim i | s: Check all that apply | | |
| Who incurred the debt? Check one. | | | | |
| Debtor 1 only | ☐ Contingent | | | |
| ☐ Debtor 2 only | ☐ Unliquidated | | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | |
| Check if this claim is for a community | ☐ Student loans | | | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce | that you did not | |
| ■ No | Debts to pension or profit-sharing | g plans, and other similar de | ebts | |
| ☐ Yes | Other. Specify Automobile |) | | |
| Enhanced Recovery Company | Last 4 digits of account number | 1446 | | \$328.00 |
| Nonpriority Creditor's Name | | | | • |
| Attn: Bankruptcy 8014 Bayberry Road | When was the debt incurred? | Opened 03/21 | | |
| Jacksonville, FL 32256 Number Street City State Zip Code | As of the date you file, the claim i | s. Check all that apply | | |
| Who incurred the debt? Check one. | 7.5 67 11.6 44.6 7 64 11.6, 11.6 614.11.1 | or or our air and appry | | |
| Debtor 1 only | ☐ Contingent | | | |
| ■ Debtor 2 only | ☐ Unliquidated | | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | |
| ☐ Check if this claim is for a community | ☐ Student loans | | | |
| debt s the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce | that you did not | |
| No | Debts to pension or profit-sharing | g plans, and other similar de | ebts | |
| □Yes | ■ Other. Specify Communic | Attorney Comcast Ca ations | able | |
| Equitable Finance Co | Last 4 digits of account number | 8859 | | \$9,456.00 |
| Nonpriority Creditor's Name | _ | | | • |
| Attn: Bankruptcy 2455 Se Tualatin Valley Hwy Hillsboro, OR 97123 | When was the debt incurred? | Opened 11/19 Last 7/30/21 | t Active | |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | | |
| Debtor 1 only | ☐ Contingent | | | |
| Debtor 2 only | ☐ Unliquidated | | | |
| ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | |
| | Student loans | | | |
| ☐ Check if this claim is for a community debt | ☐ Obligations arising out of a sepa | ration agreement or divorce | that you did not | |
| Is the claim subject to offset? | report as priority claims | and agreement of divolce | and you did not | |
| ■ No | Debts to pension or profit-sharing | g plans, and other similar de | ebts | |
| ☐ Yes | ■ Other. Specify Automobile | . | | |

Case 21-24997 Doc 10 Filed 12/07/21 Entered 12/07/21 16:50:00 Desc Main Document Page 18 of 52

| Debtoi Debtoi | r 1 Joel Jim Gonzales r 2 Jenna Nadine Gonzales | | Case number (if known) 21-24997 | |
|------------------|--|--|--|--------|
| 4.1 4 | Fedioan Nonpriority Creditor's Name | Last 4 digits of account number | 0002 | \$0.00 |
| | Attn: Bankruptcy Po Box 60610 | When was the debt incurred? | Opened 10/08/15 Last Active 5/06/19 | |
| | Harrisburg, PA 17106 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | ■ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | Disputed | d alaim. | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured | a ciaim: | |
| | ☐ Check if this claim is for a community debt | | ration agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | | |
| | No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | ☐ Yes | Other. Specify | | |
| | | Educationa | ıl | |
| 4.1 | | | | * |
| 5 | Fedloan | Last 4 digits of account number | 0001 | \$0.00 |
| | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 60610 Harrisburg, PA 17106 | When was the debt incurred? | Opened 10/08/15 Last Active 5/06/19 | |
| | Number Street City State Zip Code | As of the date you file, the claim i | s: Check all that apply | |
| | Who incurred the debt? Check one. | | | |
| | Debtor 1 only | ☐ Contingent | | |
| | ■ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | ☐ Yes | Other. Specify | | |
| | | Educationa | ıl | |
| 4.1 6 | Gentry Financial Group, LLC Nonpriority Creditor's Name | Last 4 digits of account number | 3539 | \$0.00 |
| | Attn: Bankruptcy 4297 Kinsey Drive Tyler, TX 75703 | When was the debt incurred? | Opened 6/12/15 Last Active 7/21/15 | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt | | ration agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | ☐ Yes | Other. Specify Secured | | |

Case 21-24997 Doc 10 Filed 12/07/21 Entered 12/07/21 16:50:00 Desc Main Document Page 19 of 52

| | Jenna Nadine Gonzales | | Case number (if known) | 21-24997 | |
|----------|--|---|--------------------------------|------------------|-------------|
| 4.1 | I C System | Last 4 digits of account number | 1029 | | \$803.00 |
| 7 | Nonpriority Creditor's Name Attn: Bankruptcy 444 Highway 96 East | When was the debt incurred? | Opened 12/20 | _ | |
| | Saint Paul, MN 55127 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | | |
| | Debtor 1 only | ☐ Contingent | | | |
| | Debtor 2 only | ☐ Unliquidated | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | - | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a sepreport as priority claims | aration agreement or divorce | that you did not | |
| | ■ No | Debts to pension or profit-shari | ng plans, and other similar de | ebts | |
| | Yes | Other. Specify Collection | | | |
| 4.1 8 | Intermountain Healthcare | Last 4 digits of account number | | _ | Unknown |
| | Nonpriority Creditor's Name Patient Financial Services PO Box 410400 | When was the debt incurred? | | | |
| | Salt Lake City, UT 84141-0400 Number Street City State Zip Code | As of the date you file, the claim | is: Check all that apply | | |
| | Who incurred the debt? Check one. | 710 or the date you me, the claim | io. Chook an that apply | | |
| | ☐ Debtor 1 only | ☐ Contingent | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a sepreport as priority claims | aration agreement or divorce | that you did not | |
| | ■ No | Debts to pension or profit-sharing | ng plans, and other similar de | ebts | |
| | Yes | Other. Specify Medical | | | |
| 4.1 9 | KIRK A CULLIMORE | Last 4 digits of account number | 0153 | _ | \$4,809.82 |
| | Nonpriority Creditor's Name 644 E Union Square Sandy, UT 84070 | When was the debt incurred? | | | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | | |
| | Debtor 1 only | ☐ Contingent | | | |
| | Debtor 2 only | ☐ Unliquidated | | | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans☐ Obligations arising out of a sep. | aration agreement or divorce | that you did not | |
| | Is the claim subject to offset? | report as priority claims | | | |
| | ■ No | ☐ Debts to pension or profit-shari | | | |
| | Yes | Other. Specify Brigham P | lace Apartments, LL0 | C | |

Case 21-24997 Doc 10 Filed 12/07/21 Entered 12/07/21 16:50:00 Desc Main Document Page 20 of 52

| 72 Jenna Nadine Gonzales | | Case number (if known) | 21-24997 | |
|---|--|--------------------------------|------------------|----------|
| Knight Adjustment Bureau | Last 4 digits of account number | 3220 | | \$152.00 |
| Nonpriority Creditor's Name Attn: Bankruptcy 5525 South 900 East Suite 215 Salt Lake City, UT 84117 | When was the debt incurred? | Opened 08/17 Last 07/17 | Active | - |
| Number Street City State Zip Code | As of the date you file, the claim | is: Check all that apply | | |
| Who incurred the debt? Check one. | | | | |
| Debtor 1 only | ☐ Contingent | | | |
| Debtor 2 only | ☐ Unliquidated | | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| \square At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | |
| ☐ Check if this claim is for a community | ☐ Student loans | | | |
| debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | | | |
| ■ No | Debts to pension or profit-sharing | ng plans, and other similar de | ebts | |
| Yes | Other. Specify Collection | Attorney Lift Credit | | |
| Loyal | Last 4 digits of account number | LUB5 | | \$0.00 |
| Nonpriority Creditor's Name | | | | |
| 695 S Main St Brigham City, UT 84302 | When was the debt incurred? | Opened 10/18 Last 01/19 | Active | |
| Number Street City State Zip Code | As of the date you file, the claim | is: Check all that apply | | |
| Who incurred the debt? Check one. | • | | | |
| Debtor 1 only | ☐ Contingent | | | |
| Debtor 2 only | ☐ Unliquidated | | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | |
| ☐ Check if this claim is for a community | ☐ Student loans | | | |
| debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce | that you did not | |
| ■ No | Debts to pension or profit-sharing | ng plans, and other similar de | ebts | |
| Yes | Other. Specify Unsecured | | | |
| Loyal | Last 4 digits of account number | LUB4 | | \$0.00 |
| Nonpriority Creditor's Name | | | | |
| 695 S Main St Brigham City, UT 84302 | When was the debt incurred? | Opened 07/18 Last 09/18 | Active | |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | | |
| ■ Debtor 1 only | ☐ Contingent | | | |
| Debtor 2 only | ☐ Unliquidated | | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | |
| Check if this claim is for a community debt | Student loans | | al a Block | |
| Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce | tnat you did not | |
| ■ No | Debts to pension or profit-sharir | ig plans, and other similar de | ebts | |
| ☐ Yes | Other Specify Unsecured | | | |
| 1 €3 | Uther, Specify Unideculed | | | |

Case 21-24997 Doc 10 Filed 12/07/21 Entered 12/07/21 16:50:00 Desc Main Document Page 21 of 52

| Morgan Jwirs | | | | |
|---|--|-----------------------------------|------------------|------------|
| | Last 4 digits of account number | 5500 | | \$2,252.00 |
| Nonpriority Creditor's Name Attn: Bankruptcy Dept | | Opened 11/20 Last | t Active | |
| Po Box 45820 | When was the debt incurred? | 6/22/21 | | |
| Salt Lake City, UT 84145 | | in Observation With a translation | _ | |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | | |
| Debtor 1 only | ☐ Contingent | | | |
| Debtor 2 only | ☐ Unliquidated | | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | |
| ☐ Check if this claim is for a community | ☐ Student loans | | | |
| debt s the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce | that you did not | |
| No | Debts to pension or profit-sharing | ng plans, and other similar de | ebts | |
| Yes | ■ Other. Specify Charge Acc | count | | |
| Mountain Land Collections, Inc. | Lock & distinct of account months | 3397 | | \$1,533.00 |
| Ionpriority Creditor's Name | Last 4 digits of account number | 3391 | | φ1,333.00 |
| Attn: Bankruptcy Po Box 1280 | When was the debt incurred? | Opened 7/19/17 | | |
| merican Fork, UT 84003 | | in Obrahall Abadaan | | |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | | |
| ☐ Debtor 1 only | ☐ Contingent | | | |
| Debtor 2 only | ☐ Unliquidated | | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | |
| ☐ Check if this claim is for a community | ☐ Student loans | | | |
| lebt s the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce | that you did not | |
| No | Debts to pension or profit-sharing | ng plans, and other similar de | ebts | |
| ☐Yes | ■ Other. Specify Epic Emer | g Phys Integrated B | | |
| Acuntain Land Callections Inc | | 0970 | | \$694.00 |
| Mountain Land Collections, Inc. Ionpriority Creditor's Name | Last 4 digits of account number | | | φυσ4.00 |
| Attn: Bankruptcy Po Box 1280 | When was the debt incurred? | Opened 12/21/18 | | |
| American Fork, UT 84003 Jumber Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | | |
| Debtor 1 only | Continuent | | | |
| Debtor 2 only | ☐ Contingent ☐ Unliquidated | | | |
| Debtor 1 and Debtor 2 only | ☐ Unilquidated ☐ Disputed | | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | |
| ☐ At least one or the deptors and another ☐ Check if this claim is for a community | ☐ Student loans | | | |
| debt | ☐ Obligations arising out of a sepa | aration agreement or divorce | that you did not | |
| s the claim subject to offset? | report as priority claims | <u> </u> | , | |
| No | Debts to pension or profit-sharing | ng plans, and other similar de | ebts | |
| ☐ Yes | ■ Other. Specify 10 Questar | Gas Dba Dominion I | Energ | |

Case 21-24997 Doc 10 Filed 12/07/21 Entered 12/07/21 16:50:00 Desc Main Document Page 22 of 52

| ebtor 2 Jenna Nadine Gonzales | | | Case number (if known) | 21-24997 | |
|--|-------------------|--|--------------------------------|------------------|------------|
| Mountain Land Co | llections, Inc. | Last 4 digits of account number | 5866 | | \$491.00 |
| Nonpriority Creditor's Nar Attn: Bankruptcy Po Box 1280 American Fork, UT | | When was the debt incurred? | Opened 6/07/18 | | |
| Number Street City State Who incurred the debt? | Zip Code | As of the date you file, the claim | is: Check all that apply | | |
| Debtor 1 only | | ☐ Contingent | | | |
| Debtor 2 only | | ☐ Unliquidated | | | |
| Debtor 1 and Debtor 2 | only | ☐ Disputed | | | |
| ☐ At least one of the del | • | Type of NONPRIORITY unsecured | d claim: | | |
| ☐ Check if this claim is | | ☐ Student loans | | | |
| debt Is the claim subject to o | • | Obligations arising out of a separeport as priority claims | aration agreement or divorce | that you did not | |
| ■ No | | Debts to pension or profit-sharing | ng plans, and other similar de | ebts | |
| ☐ Yes | | Other. Specify Epic Emerg | Phys Integrated B | | |
| ² Mr. Money | | Last 4 digits of account number | 0770 | | \$1,231.95 |
| Nonpriority Creditor's Nar 150 North Washing Ogden, UT 84404 | | When was the debt incurred? | | | |
| Number Street City State Who incurred the debt? | • | As of the date you file, the claim | is: Check all that apply | | |
| Debtor 1 only | | ☐ Contingent | | | |
| Debtor 2 only | | ☐ Unliquidated | | | |
| ■ Debtor 1 and Debtor 2 | 2 only | ☐ Disputed | | | |
| ☐ At least one of the del | otors and another | Type of NONPRIORITY unsecured | d claim: | | |
| ☐ Check if this claim is | s for a community | ☐ Student loans | | | |
| debt Is the claim subject to o | offset? | Obligations arising out of a separeport as priority claims | · · | • | |
| ■ No | | Debts to pension or profit-sharing | ng plans, and other similar de | ebts | |
| ☐ Yes | | Other. Specify | | | |
| Noble Fin Nonpriority Creditor's Nar | mo | Last 4 digits of account number | 2957 | | \$0.00 |
| Attn: Bankruptcy 25331 W Interstate | 10 Ste 101 | When was the debt incurred? | Opened 6/12/15 L 7/21/15 | ast Active | |
| San Antonio, TX 78 Number Street City State Who incurred the debt? | Zip Code | As of the date you file, the claim | is: Check all that apply | | |
| ■ Debtor 1 only | | ☐ Contingent | | | |
| Debtor 2 only | | ☐ Unliquidated | | | |
| ☐ Debtor 1 and Debtor 2 | 2 only | ☐ Disputed | | | |
| ☐ At least one of the del | - | Type of NONPRIORITY unsecured | d claim: | | |
| ☐ Check if this claim is | s for a community | ☐ Student loans | | | |
| debt Is the claim subject to o | offset? | Obligations arising out of a separeport as priority claims | | | |
| ■ No | | Debts to pension or profit-sharing | ng plans, and other similar de | ebts | |
| ☐ Yes | | Other, Specify Secured | | | |

Case 21-24997 Doc 10 Filed 12/07/21 Entered 12/07/21 16:50:00 Desc Main Document Page 23 of 52

| 2 Jenna Nadine Gonzales | | Case number (if known) | 21-24997 | |
|--|--|--------------------------------|------------------|-------------|
| North American Recovery | Last 4 digits of account number | 5430 | | \$800.00 |
| Nonpriority Creditor's Name Attn: Bankruptcy Po Box 271014 | When was the debt incurred? | Opened 10/16 Last 10/15 | Active | |
| Salt Lake City, UT 84127 Number Street City State Zip Code | As of the date you file, the claim i | is: Check all that apply | | |
| Who incurred the debt? Check one. | , c aa , c, c | or orlook all that apply | | |
| ☐ Debtor 1 only | ☐ Contingent | | | |
| ☐ Debtor 2 only | ☐ Unliquidated | | | |
| ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | |
| ☐ Check if this claim is for a community | ☐ Student loans | | | |
| debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce | that you did not | |
| No | Debts to pension or profit-sharing | ng plans, and other similar de | bts | |
| Yes | Other. Specify Collection | Attorney Rich S Cars | N Credit | |
| North American Recovery | Last 4 digits of account number | 2176 | | \$698.0 |
| Nonpriority Creditor's Name | | | | |
| Attn: Bankruptcy | | Opened 08/19 Last | Active | |
| Po Box 271014 | When was the debt incurred? | 05/19 | | |
| Salt Lake City, UT 84127 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | | |
| ☐ Debtor 1 only | ☐ Contingent | | | |
| ■ Debtor 2 only | ☐ Unliquidated | | | |
| _ ′ | _ | | | |
| ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another | ☐ Disputed Type of NONPRIORITY unsecured | d claim: | | |
| | ☐ Student loans | | | |
| Check if this claim is for a community debt | ☐ Obligations arising out of a sepa | aration agreement or divorce | that you did not | |
| Is the claim subject to offset? | report as priority claims | | | |
| ■ No | Debts to pension or profit-sharing | | | |
| Yes | Other. Specify Center | Attorney Country Hill | s Eye | |
| Royal Management | Last 4 digits of account number | 3878 | | \$0.0 |
| Nonpriority Creditor's Name | | | | * |
| Royal Management Po Box 1947 | When was the debt incurred? | Opened 6/12/15 La 7/21/15 | ast Active | |
| Boerne, TX 78006 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | | |
| ■ Debtor 1 only | ☐ Contingent | | | |
| Debtor 2 only | ☐ Unliquidated | | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | |
| ☐ Check if this claim is for a community | ☐ Student loans | | | |
| debt | ☐ Obligations arising out of a sepa | aration agreement or divorce | that you did not | |
| Is the claim subject to offset? | report as priority claims | J | • | |
| ■ No | Debts to pension or profit-sharing | ng plans, and other similar de | bts | |
| Yes | Other. Specify Secured | | | |

Case 21-24997 Doc 10 Filed 12/07/21 Entered 12/07/21 16:50:00 Desc Main Document Page 24 of 52

| 2 Jenna Nadine Gonzales | | Case number (if known) | 21-24997 | |
|--|--|--|------------------|------------|
| Security Finance | Last 4 digits of account number | 6894 | | \$1,824.00 |
| Nonpriority Creditor's Name Attn: Bankruptcy Po Box 1893 Spartanburg, SC 29304 | Ορ When was the debt incurred? 06/ | | Active | |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | is: Check all that apply | | |
| ■ Debtor 1 only | ☐ Contingent | | | |
| Debtor 2 only | ☐ Unliquidated | | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | |
| ☐ Check if this claim is for a community | ☐ Student loans | | | |
| debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce | that you did not | |
| ■ No | Debts to pension or profit-sharing | g plans, and other similar de | bts | |
| ☐ Yes | Other. Specify Unsecured | | | |
| Security Finance | Last 4 digits of account number | 1046 | | \$1,824.00 |
| Nonpriority Creditor's Name Attn: Bankruptcy Po Box 1893 | When was the debt incurred? | Opened 4/23/21 La 5/28/21 | ast Active | |
| Spartanburg, SC 29304 | | | | |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | | |
| ■ Debtor 1 only | ☐ Contingent | | | |
| Debtor 2 only | ☐ Unliquidated | | | |
| □ Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | |
| ☐ Check if this claim is for a community | ☐ Student loans | | | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | , and the second | • | |
| No | ☐ Debts to pension or profit-sharing | g plans, and other similar de | bts | |
| Yes | Other. Specify Unsecured | | | |
| Security Finance Nonpriority Creditor's Name | Last 4 digits of account number | 6029 | | \$510.00 |
| Attn: Bankruptcy Po Box 1893 Spartanburg, SC 29304 | When was the debt incurred? | Opened 05/20 Last 07/20 | Active | |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | | |
| ☐ Debtor 1 only | ☐ Contingent | | | |
| Debtor 2 only | ☐ Unliquidated | | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | |
| Check if this claim is for a community | ☐ Student loans | | | |
| debt Is the claim subject to offset? | Obligations arising out of a sepa report as priority claims | aration agreement or divorce | that you did not | |
| ■ No | Debts to pension or profit-sharing | g plans, and other similar de | bts | |
| □ Yes | Other Specify | | | |
| — 100 | | | | |

Case 21-24997 Doc 10 Filed 12/07/21 Entered 12/07/21 16:50:00 Desc Main Document Page 25 of 52

| Debto Debto | r 1 Joel Jim Gonzales r 2 Jenna Nadine Gonzales | | Case number (if known) 21-24997 | | | | | |
|----------------|---|--|---|----------|--|--|--|--|
| 4.3 5 | Security Finance Nonpriority Creditor's Name | Last 4 digits of account number | 1046 | \$510.00 | | | | |
| | Attn: Bankruptcy Po Box 1893 | When was the debt incurred? | Opened 5/08/20 Last Active 12/31/20 | | | | | |
| | Spartanburg, SC 29304 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | | | | | |
| | Debtor 1 only | ☐ Contingent | | | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | | | | | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | | | | | |
| | Yes | Other. Specify Unsecured | | | | | | |
| 4.3 | Security Finance | Last 4 digits of account number | 2511 | \$0.00 | | | | |
| | Nonpriority Creditor's Name | _ | 0 105/47 1 114 1 1 | | | | | |
| | Attn: Bankruptcy Po Box 1893 | When was the debt incurred? | Opened 05/17 Last Active 07/17 | | | | | |
| | Spartanburg, SC 29304 | mon was the dest mountain. | <u> </u> | | | | | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | | | | | |
| | Debtor 1 only | ☐ Contingent | | | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | \square Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | | | | |
| | ■ No | Debts to pension or profit-sharing | | | | | | |
| | Yes | Other. Specify | | | | | | |
| 4.3 | Security Finance | Last 4 digits of account number | 5715 | \$0.00 | | | | |
| | Nonpriority Creditor's Name | _ | | | | | | |
| | Attn: Bankruptcy Po Box 1893 Spartanburg, SC 29304 | When was the debt incurred? | Opened 12/19 Last Active 05/20 | | | | | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | | | | | |
| | ☐ Debtor 1 only | ☐ Contingent | | | | | | |
| | ■ Debtor 2 only | ☐ Unliquidated | | | | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | | | |
| | ☐ Check if this claim is for a community | Student loans | | | | | | |
| | debt | | ration agreement or divorce that you did not | | | | | |
| | Is the claim subject to offset? | report as priority claims | • | | | | | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | | | | | |
| | ☐ Yes | Other. Specify Unsecured | | | | | | |

Case 21-24997 Doc 10 Filed 12/07/21 Entered 12/07/21 16:50:00 Desc Main Document Page 26 of 52

| 2 Jenna Nadine Gonzales | | Case number (if known) | 21-24997 | |
|--|---|-------------------------------|------------------|-----------|
| Security Finance | Last 4 digits of account number | 1046 | | \$0.0 |
| Nonpriority Creditor's Name Attn: Bankruptcy Po Box 1893 Spartanburg, SC 29304 | When was the debt incurred? | Opened 01/17 Last 05/17 | Active | |
| Number Street City State Zip Code | As of the date you file, the claim | s: Check all that apply | | |
| Who incurred the debt? Check one. | _ | | | |
| Debtor 1 only | Contingent | | | |
| Debtor 2 only | Unliquidated | | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | 1.1.1 | | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | |
| ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Student loans ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce | that you did not | |
| ■ No | Debts to pension or profit-sharing | g plans, and other similar de | bts | |
| □ Yes | ■ Other. Specify Unsecured | 3 F , | | |
| Security Finance | Last 4 digits of account number | 1046 | | \$0.0 |
| Nonpriority Creditor's Name Attn: Bankruptcy Po Box 1893 | When was the debt incurred? | Opened 10/16 Last 01/17 | Active | |
| Spartanburg, SC 29304 Number Street City State Zip Code | As of the date you file, the claim | s: Check all that apply | | |
| Who incurred the debt? Check one. | _ | | | |
| Debtor 1 only | ☐ Contingent | | | |
| Debtor 2 only | Unliquidated | | | |
| Debtor 1 and Debtor 2 only | Disputed | | | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured ☐ Student loans | i ciaim: | | |
| ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce | that you did not | |
| No | Debts to pension or profit-sharin | a plans, and other similar de | hte | |
| □ Yes | Other. Specify Unsecured | g pians, and other similar de | | |
| • · · · · · | | 4040 | | ** |
| Security Finance Nonpriority Creditor's Name | Last 4 digits of account number | 1046 | | \$0.0 |
| Attn: Bankruptcy Po Box 1893 Spartanburg, SC 29304 | When was the debt incurred? | Opened 08/16 Last 10/16 | Active | |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | | |
| ■ Debtor 1 only | ☐ Contingent | | | |
| ☐ Debtor 2 only | ☐ Unliquidated | | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | |
| ☐ Check if this claim is for a community debt | ☐ Student loans☐ Obligations arising out of a sepa | ration agreement or divorce | that you did not | |
| Is the claim subject to offset? | report as priority claims | | | |
| No | ☐ Debts to pension or profit-sharin | g plans, and other similar de | bts | |
| □Yes | Other. Specify Unsecured | | | |

Case 21-24997 Doc 10 Filed 12/07/21 Entered 12/07/21 16:50:00 Desc Main Document Page 27 of 52

| 2 Jenna Nadine Gonzales | | Case number (if known) | 21-24997 | |
|--|--|-------------------------------|------------------|--------|
| Security Finance | Last 4 digits of account number | 1046 | | \$0.00 |
| Nonpriority Creditor's Name Attn: Bankruptcy Po Box 1893 Spartanburg, SC 29304 | When was the debt incurred? | Opened 04/16 Last 08/16 | Active | |
| Number Street City State Zip Code | As of the date you file, the claim i | s: Check all that apply | | |
| Who incurred the debt? Check one. | | | | |
| ■ Debtor 1 only | ☐ Contingent | | | |
| Debtor 2 only | ☐ Unliquidated | | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| \square At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | |
| ☐ Check if this claim is for a community | Student loans | | | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce | that you did not | |
| ■ No | Debts to pension or profit-sharing | g plans, and other similar de | bts | |
| Yes | ■ Other. Specify Unsecured | | | |
| Security Finance Nonpriority Creditor's Name | Last 4 digits of account number | 1046 | | \$0.0 |
| Attn: Bankruptcy Po Box 1893 | When was the debt incurred? | Opened 02/14 Last 03/14 | Active | |
| Spartanburg, SC 29304 Number Street City State Zip Code | As of the date you file, the claim | s: Check all that apply | | |
| Who incurred the debt? Check one. | _ | | | |
| Debtor 1 only | Contingent | | | |
| Debtor 2 only | ☐ Unliquidated | | | |
| Debtor 1 and Debtor 2 only | Disputed | | | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | |
| Check if this claim is for a community | ☐ Student loans | | | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | · · | · | |
| ■ No | Debts to pension or profit-sharing | g plans, and other similar de | bts | |
| Yes | Other. Specify Unsecured | | | |
| Security Finance | Last 4 digits of account number | 1046 | | \$0.0 |
| Nonpriority Creditor's Name Attn: Bankruptcy Po Box 1893 Spartanburg, SC 29304 | When was the debt incurred? | Opened 12/26/19 La 5/08/20 | ast Active | |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | | |
| ☐ Debtor 1 only | ☐ Contingent | | | |
| ■ Debtor 2 only | ☐ Unliquidated | | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | |
| ☐ Check if this claim is for a community | ☐ Student loans | | | |
| debt | Obligations arising out of a sepa | ration agreement or divorce | that you did not | |
| Is the claim subject to offset? | report as priority claims | | | |
| ■ No | Debts to pension or profit-sharing | g plans, and other similar de | bts | |
| □Yes | Other. Specify Unsecured | | | |

Case 21-24997 Doc 10 Filed 12/07/21 Entered 12/07/21 16:50:00 Desc Main Document Page 28 of 52

| Debto Debto | r 1 Joel Jim Gonzales r 2 Jenna Nadine Gonzales | | Case number (if known) 21-24997 | | | | |
|----------------|--|---|--|----------|--|--|--|
| 4.4 | Security Finance | Last 4 digits of account number | 1046 | \$0.00 | | | |
| | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 1893 Spartanburg, SC 29304 | When was the debt incurred? | Opened 5/09/17 Last Active 4/23/21 | | | | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | | | | |
| | Debtor 1 only | ☐ Contingent | | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | | |
| | debt Is the claim subject to offset? | report as priority claims | ration agreement or divorce that you did not | | | | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | | | | |
| | Yes | Other. Specify Unsecured | | | | | |
| 4.4 | Tosh Inc (Check City) | Last 4 digits of account number | 0039 | \$749.81 | | | |
| | Nonpriority Creditor's Name PO Box 970183 | When was the debt incurred? | | | | | |
| | Orem, UT 84097 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | | | | |
| | Debtor 1 only | | | | | | |
| | Debtor 2 only | ☐ Contingent | | | | | |
| | _ | ☐ Unliquidated | | | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed Type of NONPRIORITY unsecure | 1 claim: | | | | |
| | At least one of the debtors and another | Student loans | i ciaiii. | | | | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | _ | ration agreement or divorce that you did not | | | | |
| | ■ No | Debts to pension or profit-sharir | g plans, and other similar debts | | | | |
| | Yes | Other. Specify | | | | | |
| 4.4 | U.S. Department of Education | Last 4 digits of account number | 5202 | \$0.00 | | | |
| <u> </u> | Nonpriority Creditor's Name Ecmc/Attn: Bankruptcy Po Box 16408 Saint Paul, MN 55116 | When was the debt incurred? | Opened 10/15 Last Active 6/04/20 | <u> </u> | | | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | | | | |
| | Debtor 1 only | | | | | | |
| | ■ Debtor 2 only | ☐ Unliquidated | | | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | |
| | \square At least one of the debtors and another | d claim: | | | | | |
| | ☐ Check if this claim is for a community | | | | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | | | | |
| | ■ No | ☐ Debts to pension or profit-sharing | g plans, and other similar debts | | | | |
| | Yes | Other. Specify | | | | | |
| | | Educationa | l | | | | |

Case 21-24997 Doc 10 Filed 12/07/21 Entered 12/07/21 16:50:00 Desc Main Document Page 29 of 52

| Debtor | Jenna Nadine Gonzales | | Case number (if known) 21-24997 | | | | | |
|--------|--|--|---|----------|--|--|--|--|
| .4 | U.S. Department of Education | Last 4 digits of account number | 5199 | \$0.00 | | | | |
| | Nonpriority Creditor's Name Ecmc/Attn: Bankruptcy Po Box 16408 | When was the debt incurred? | Opened 10/15 Last Active 6/04/20 | _ | | | | |
| | Saint Paul, MN 55116 Number Street City State Zip Code | | | | | | | |
| | Who incurred the debt? Check one. | , | тин труу | | | | | |
| | ☐ Debtor 1 only | ☐ Contingent | | | | | | |
| | ■ Debtor 2 only | ☐ Unliquidated | | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | | | | |
| | ☐ Check if this claim is for a community | Student loans | | | | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did no | t | | | | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | | | | | |
| | □Yes | Other. Specify | | | | | | |
| | | Educationa | l | | | | | |
| .4 | Utah Billing & Recover Nonpriority Creditor's Name | Last 4 digits of account number | 1024 | \$266.00 | | | | |
| | 3480 Washington Blvd Ste Ogden, UT 84401 | When was the debt incurred? | Opened 11/19 Last Active 08/19 | _ | | | | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | | | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | | | |
| | debt Is the claim subject to offset? | report as priority claims | ration agreement or divorce that you did no | t | | | | |
| | ■ No | Debts to pension or profit-sharing | | | | | | |
| | Yes | Other. Specify Collection | Attorney Brigham City Corp | <u> </u> | | | | |
| .4 | World Finance Company | Last 4 digits of account number | 1001 | \$490.00 | | | | |
| | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 6429 | When was the debt incurred? | Opened 12/19 Last Active 7/31/20 | _ | | | | |
| | Greenville, SC 29606 Number Street City State Zip Code | As of the date you file, the claim | s: Check all that apply | | | | | |
| | Who incurred the debt? Check one. | , | | | | | | |
| | ☐ Debtor 1 only | ☐ Contingent | | | | | | |
| | ■ Debtor 2 only | ☐ Unliquidated | | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | | | | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did no | t | | | | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | | | | | |
| | □Yes | ■ Other. Specify Secured | | | | | | |

Part 3: List Others to Be Notified About a Debt That You Already Listed

Case 21-24997 Doc 10 Filed 12/07/21 Entered 12/07/21 16:50:00 Desc Main Document Page 30 of 52

| | | | Document | Page 3 | 30 of 52 | 2 | | |
|--|-------------------------------|---|--|----------------|-----------------------|-----------------------|-----------------------|-------------------------|
| | | Gonzales dine Gonzales | | | Case nu | mber (if known) | 21-24997 | |
| is trying t have more | o collect fro e than one o | m you for a debt you owe | ied about your bankruptcy, fo to someone else, list the orig s that you listed in Parts 1 or out or submit this page. | inal creditor | in Parts 1 | or 2, then list the o | collection agency | here. Similarly, if you |
| Name and A | | t Box Elder | On which entry in Part 1 o Line 4.8 of (Check one): | | | • | tu I laggaura d'Claim | |
| First District Court Box Elder County 43 North Main PO Box 873 Brigham City, UT 84302-0873 | | Line 4.0 of (Check one). | Line 4.8 of (Check one): ☐ Part 1: Creditors with Priority Unsecured ☐ Part 2: Creditors with Nonpriority Unsecured | | • | | | |
| brigham | City, UT | 54302-0673 | Last 4 digits of account nu | ımber | 03 | 06 | | |
| Name and A Logan Ju 446 North Logan, U | stice Co h 1st Wes | | On which entry in Part 1 o Line 4.45 of (Check one) Last 4 digits of account nu |): | ☐ Part 1: 0 | Creditors with Priori | ty Unsecured Claim | |
| Name and Address Ogden Justice Court 310 26th Street Ogden, UT 84401 | | On which entry in Part 1 o Line 4.27 of (Check one) Last 4 digits of account nu |): | ☐ Part 1: 0 | Creditors with Priori | ty Unsecured Claim | | |
| 6. Total the | | | of Unsecured Claim | for statistica | I reporting | | u.s.c. §159. Add | the amounts for each |
| Total | 6a. | Domestic support obliga | tions | | 6a. | \$ | 0.00 | |
| claims from Part 1 | 6b. | Taxes and certain other | debts you owe the governme | nt | 6b. | \$ | 0.00 | |
| | 6c. 6d. | • | onal injury while you were int y unsecured claims. Write that a | | 6c. 6d. | \$ \$ | 0.00 | |
| | 6e. | Total Priority. Add lines 6 | a through 6d. | | 6e. | \$ | 0.00 | |
| | 6f. | Student loans | | | 6f. | Total | Claim 0.00 | |

6g.

6h.

6i.

6j.

Total claims from Part 2

6g.

Obligations arising out of a separation agreement or divorce that

Debts to pension or profit-sharing plans, and other similar debts

Other. Add all other nonpriority unsecured claims. Write that amount

you did not report as priority claims

Total Nonpriority. Add lines 6f through 6i.

0.00

0.00

35,374.58

35,374.58

Case 21-24997 Doc 10 Filed 12/07/21 Entered 12/07/21 16:50:00 Desc Main Document Page 31 of 52

| Fill in this inform | mation to identify your | case: | | |
|---------------------|--------------------------|------------------|-----------|--------------------------------------|
| Debtor 1 | Joel Jim Gonzale | es | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | Jenna Nadine Go | onzales | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | DISTRICT OF UTAH | | |
| Case number | 21-24997 | | | |
| (if known) | | | | ☐ Check if this is an amended filing |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - □ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code

State what the contract or lease is for

2.1 APG Financial 4238 South Redwood Road Salt Lake City, UT 84123 2015 Ford Edge SLE

Case 21-24997 Doc 10 Filed 12/07/21 Entered 12/07/21 16:50:00 Desc Main Document Page 32 of 52

| | | Documer | 11 Page 32 01 52 | <u>′</u> | |
|---|--|--|---|---|--|
| Fill in th | s information to identify your | case: | | | |
| Debtor 1 | Joel Jim Gonzale | es | | | |
| D 14 0 | First Name | Middle Name | Last Name | | |
| Debtor 2 (Spouse if, | Jenna Nadine Go First Name | onzales Middle Name | Last Name | | |
| United S | ates Bankruptcy Court for the: | DISTRICT OF UTAH | | | |
| Case nul (if known) | nber 21-24997 | | | | ☐ Check if this is an amended filing |
| | al Form 106H <mark>dule H: Your Cod</mark> | ebtors | | | 12/15 |
| people ai fill it out, your nam 1. Do □ N | e filing together, both are equand number the entries in the e and case number (if known) by you have any codebtors? (If | ally responsible for supple boxes on the left. Attach answer every question. | lying correct information. I the Additional Page to this | If more space is n s page. On the to | ate as possible. If two married needed, copy the Additional Page, p of any Additional Pages, write |
| | es thin the last 8 years, have you na, California, Idaho, Louisiana | | | | |
| | o. Go to line 3. es. Did your spouse, former spo | use, or legal equivalent live | with you at the time? | | |
| in lir Forr | e 2 again as a codebtor only i | f that person is a guarant | or or cosigner. Make sure | you have listed tl | g with you. List the person shown he creditor on Schedule D (Official Schedule E/F, or Schedule G to fil |
| | Column 1: Your codebtor Name, Number, Street, City, State and Z | IP Code | | Column 2: The cre Check all schedule | editor to whom you owe the debt es that apply: |
| 3.1 | Ranae Gonzales 421 West 100 North Brigham City, UT 84302 | | [| □ Schedule D, li □ Schedule E/F ■ Schedule G _ APG Financial | |

| Fill in this information to identify your case: | |
|--|---|
| Debtor 1 Joel Jim Gonzales | |
| Debtor 2 Jenna Nadine Gonzales (Spouse, if filing) | |
| United States Bankruptcy Court for the: DISTRICT OF UTAH | |
| Case number (If known) 21-24997 | Check if this is: |
| (II KIOWII) | ☐ An amended filing ☐ A supplement showing postpetition chapter 13 income as of the following date: |
| Official Form 106I | MM / DD/ YYYY |
| Schedule I: Your Income | 12/15 |

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Par | Describe Employment | | | |
|-----|---|----------------------|--|-------------------------------|
| 1. | Fill in your employment information. | | Debtor 1 | Debtor 2 or non-filing spouse |
| | If you have more than one job, | Employment status | ■ Employed | ■ Employed |
| | attach a separate page with information about additional | Employment status | ☐ Not employed | ☐ Not employed |
| | employers. | Occupation | Associate | |
| | Include part-time, seasonal, or self-employed work. | Employer's name | Autoliv | |
| | Occupation may include student or homemaker, if it applies. | Employer's address | 250 American Way Brigham City, UT 84302 | |
| | | How long employed th | nere? 2 months | |

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

3. Estimate and list monthly overtime pay.

4. Calculate gross Income. Add line 2 + line 3.

4. \$ 3.1

| | | | non-fili | ng spouse |
|----|-----|----------|----------|-----------|
| 2. | \$ | 3,134.54 | \$ | 0.00 |
| 3. | +\$ | 0.00 | +\$ | 0.00 |
| 4. | \$ | 3,134.54 | \$ | 0.00 |

For Debtor 2 or

For Debtor 1

Official Form 106l Schedule I: Your Income page 1

| | tor 1 tor 2 | Joel Jim Gonzales Jenna Nadine Gonzales | | | Case | number (<i>if</i> | known) | 21 | -24997 | | |
|-----|-----------------------------|---|----------------|----------------------|--------------------|--------------------|--|--|--------------------------|--|----------|
| | Сор | y line 4 here | 4. | | For | Debtor 1 | 34.54 | | or Debtor on-filing s | | |
| _ | Lict | | | | | | | | | | - |
| 5. | | all payroll deductions: | - - | | œ. | | | Φ. | | | |
| | 5a. 5b. | Tax, Medicare, and Social Security deductions Mandatory contributions for retirement plans | 5a 5b | | \$_ \$ | 32 | 21.17 | \$ \$ | | 0.00 | - |
| | 5c. | Mandatory contributions for retirement plans Voluntary contributions for retirement plans | 5c | | ^Φ _ | | 0.00 31.73 | э \$ | | 0.00 | _ |
| | 5d. | Required repayments of retirement fund loans | 5d | | \$ - | | 0.00 | \$ | | 0.00 | - |
| | 5e. | Insurance | 5e | | \$_ | 27 | 78.87 | \$ | | 0.00 | - |
| | 5f. | Domestic support obligations | 5f. | | \$_ | | 0.00 | \$ | | 0.00 | _ |
| | 5g. | Union dues | 5g | J. | \$ | | 0.00 | \$ | | 0.00 | - |
| | 5h. | Other deductions. Specify: | 5h | 1.+ | \$ | | 0.00 | + \$ | | 0.00 | - |
| 6. | Add | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. | | \$ | 68 | 31.77 | \$ | | 0.00 | |
| 7. | Calc | culate total monthly take-home pay. Subtract line 6 from line 4. | 7. | | \$ | 2,45 | 52.77 | \$ | | 0.00 | _ |
| 8. | 8b. 8c. 8d. 8e. 8f. 8g. 8h. | all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. Interest and dividends Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. Unemployment compensation Social Security Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: SNAP Pension or retirement income Other monthly income. Specify: | 8c 8d 8e |). i. l.). | \$\$ \$\$\$ \$\$\$ | | 0.00 0.00 0.00 0.00 0.00 0.00 | \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ | | 0.00 0.00 0.00 0.00 0.00 992.00 0.00 | - |
| 9. | Add | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | | \$ | | 0.00 | \$ | | 992.00 | 0 |
| 10. | Calc | culate monthly income. Add line 7 + line 9. | 10. | \$ | | 2,452.77 | , + s | | 992.00 | = \$ | 3,444.77 |
| | | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | | Ť - | | <u> </u> | - ' * | | 332.00 | | 0,444.77 |
| 11. | Inclu othe | e all other regular contributions to the expenses that you list in Schedule ide contributions from an unmarried partner, members of your household, your refriends or relatives. In include any amounts already included in lines 2-10 or amounts that are not cify: | depe | | | • | | | n Schedule | e J. +\$ | 0.00 |
| 12. | | the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certailes | | | | | | | | \$Combin | 3,444.77 |
| 40 | D - | | • | | | | | | | | y income |
| 13. | Do y ■ | ou expect an increase or decrease within the year after you file this form No. Yes. Explain: | | | | | | | | | |

| | | | | | | 1 | | | | |
|------|----------------------------|---|----------------|---|--|---------------------------|---|---|--|--|
| | in this informa | tion to identify yo | our case: | | | | | | | |
| Deb | Debtor 1 Joel Jim Gonzales | | | | | | ck if this is: | | | |
| | otor 2 ouse, if filing) | Jenna Nadin | e Gonza | les | | | An amended filing A supplement show 13 expenses as of | ving postpetition chapter the following date: | | |
| Unit | ed States Bankr | uptcy Court for the | : DISTRI | CT OF UTAH | | | MM / DD / YYYY | | | |
| | | | | | | | | | | |
| | e number 21 nown) | -24997 | | | | | | | | |
| | | rm 106J | | | | | | | | |
| | | J: Your | | | | | | 12/1 | | |
| info | ormation. If m | and accurate as ore space is ne n). Answer ever | eded, atta | . If two married people ar ich another sheet to this n. | e filing together, be form. On the top of | oth are equ any additi | ially responsible fo onal pages, write y | or supplying correct your name and case | | |
| Par | t 1: Descr | ibe Your House | hold | | | | | | | |
| 1. | | | | | | | | | | |
| | □ No. Go to | | in a conor | ate household? | | | | | | |
| | | | iii a sepai | ate nousenoid? | | | | | | |
| | ■ N □ Y | _ | st file Offici | al Form 106J-2, <i>Expenses</i> | for Separate House | ehold of Deb | otor 2. | | | |
| 2. | Do vou have | e dependents? | □ No | | | | | | | |
| | Do not list Debtor 2. | | Yes. | Fill out this information for each dependent | Dependent's relati | | Dependent's age | Does dependent live with you? | | |
| | Do not state | the | | | | | | □ No | | |
| | dependents | names. | | | Daughter | | 6 | ■ Yes □ No | | |
| | | | | | Daughter | | 8 | Yes | | |
| | | | | | Son | | 9 | □ No | | |
| | | | | | 3011 | | _ _ | ■ Yes □ No | | |
| | | | | | | | | ☐ Yes | | |
| 3. | | enses include | | No | | | _ | — 100 | | |
| | | f people other ti d your depende | han $_{f 	au}$ | Yes | | | | | | |
| Des | - | | | h. F | | | | | | |
| Est | imate your ex | | our bankr | y Expenses uptcy filing date unless y y is filed. If this is a supp | | | | | | |
| the | • | n assistance an | | government assistance i cluded it on <i>Schedule I:</i>) | • | | Your exp | enses | | |
| (UI | noiai i Ullii 10 | ··· <i>)</i> | | | | | | | | |
| 4. | | or home owners | | ses for your residence. In lot. | nclude first mortgage | e 4. S | \$ | 750.00 | | |
| | If not includ | led in line 4: | | | | | | | | |
| | 4a. Real e | estate taxes | | | | 4a. S | B | 0.00 | | |
| | | rty, homeowner's | s, or renter | 's insurance | | 4b. | | 0.00 | | |
| | | | | upkeep expenses | | 4c. \$ | | 0.00 | | |
| 5 | | owner's associat | | | mo oquity loops | 4d. 5 | | 0.00 | | |
| 5. | Auditional | nortgage payme | anto for yo | our residence, such as ho | me equity loans | D. 3 | P | 0.00 | | |

| Debtor 2 Jenna Nadine Gonzales Case number (if known) Case number (if known) | Deb | otor 1 Jo | el Jim Gonzales | | | | | | | |
|--|-------------|------------------|--|------------|------------------|-------------------------------|--|--|--|--|
| Sa. Electricity, heat, natural gas Sa. S 195.00 | | | nna Nadine Gonzales | Case num | ber (if known) | 21-24997 | | | | |
| 6a. Electricity, heat, natural gas 6a. \$ 195.00 | 6 Utilities | | | | | | | | | |
| 6b. Water, sewer, garbage collection 6b. \$ 185.00 6c. Telephone, cell phone, Internet, satellite, and cable services 6c. \$ 235.00 6d. Other. Specify: 6d. \$ 0.00 7. Food and housekeeping supplies 7; \$ 720.00 8. Childcare and children's education costs 8; \$ 0.00 9. Clothing, laundry, and dry cleaning 9; \$ 90.00 10. Personal care products and services 10; \$ 50.00 11. Medical and dental expenses 11; \$ 0.00 12. Transportation. Include gas, maintenance, bus or train fare. 0 not include care payments. 12; \$ 170.00 13. Entertainment, clubs, recreation, newspapers, magazines, and books 13; \$ 0.00 14. Charitable contributions and religious donations 14; \$ 0.00 15. Insurance. 0 not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15a. \$ 0.00 15b. Health insurance 15b. \$ 0.00 15c. Vehicle insurance, Specify: 15c. \$ 0.00 15d. Other insurance, Specify: 15d. \$ 0.00 15d. Other insurance, Specify: 16c. \$ 0.00 17a. Car payments for Vehicle 1 17a. \$ 535.16 17b. Car payments for Vehicle 1 17a. \$ 535.16 17b. Car payments for Vehicle 2 17b. \$ 0.00 17c. Other, Specify: Post bankruptcy filling atty fees 17c. \$ 220.00 17c. Other, Specify: Post bankruptcy filling atty fees 17c. \$ 0.00 17c. Other, Specify: 0.00 17d. Other, Specify: 0.00 0.00 17d. Other, Specify: 0.00 0.00 17d. Other payments on what to support others who do not live with you. \$ 0.00 17d. Other payments on what to support others who do not live with you. \$ 0.00 17d. Other payments on what to support others who do not live with you. \$ 0.00 17d. Other payments on what to support others who do not live with you. \$ 0.00 17d. Other payments on what to support others who do not live with you. \$ 0.00 17d. Other specify: 0.00 0.00 17d. Other payments you make to support others who do not live with you. \$ 0.00 17d. Other payments you make to support others wh | 0. | | | 6a. | \$ | 195.00 | | | | |
| 6d. Cther. Specify 6d. \$ 0.00 | | | | 6b. | \$ | 185.00 | | | | |
| 7. Food and housekeeping supplies 7. \$ 720.00 8. Childcare and children's education costs 8. \$ 0.00 9. Clothing, laundry, and dry cleaning 9. \$ 90.00 10. Personal care products and services 10. \$ 50.00 11. Medical and dental expenses 11. \$ 0.00 12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. 12. \$ 170.00 13. Entertainment, clubs, recreation, newspapers, magazines, and books 13. \$ 30.00 14. Charitable contributions and religious donations 14. \$ 0.00 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. \$ 0.00 15a. Life insurance 15b. \$ 0.00 15b. Health insurance 15c. \$ 147.00 15c. Vehicle insurance. Specity: 15d. \$ 0.00 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. 5pecify: 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. 5pecify: 17. Installment or lease payments: 17c. \$ 0.00 17. Car payments for Vehicle 1 17a. \$ 535.16 17b. Car payments for Vehicle 2 17b. \$ 0.00 17c. Other. Specify: Post bankruptcy fil | | 6c. Te | lephone, cell phone, Internet, satellite, and cable services | 6c. | \$ | 235.00 | | | | |
| Childcare and children's education costs 8. \$ 0.00 | | 6d. Oth | her. Specify: | 6d. | \$ | 0.00 | | | | |
| 9. Clothing, laundry, and dry cleaning 10. Personal care products and services 11. Medical and dental expenses 11. \$ 0.00 17ansportation. Include gas, maintenance, bus or train fare. Do not include care payments. 12. \$ 170.00 13. Entertainment, clubs, recreation, newspapers, magazines, and books 13. \$ 30.00 14. Charitable contributions and religious donations 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance specify: 15d. Other insurance. Specify: 15d. Other insurance. Specify: 15d. Care payments for Vehicle 1 17axes. Do not include taxes deducted from your pay or included in lines 4 or 20. 15p. Light insurance of the control | 7. | Food and | d housekeeping supplies | 7. | \$ | 720.00 | | | | |
| 10. Second care products and services 10. Second | 8. | Childcar | e and children's education costs | 8. | \$ | 0.00 | | | | |
| Medical and dental expenses | 9. | Clothing | , laundry, and dry cleaning | 9. | \$ | 90.00 | | | | |
| 12 Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. 12 \$ 170.00 13 Entertainment, clubs, recreation, newspapers, magazines, and books 13 \$ 30.00 14 Charitable contributions and religious donations 14 \$ 0.00 15 Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a Life insurance 15a \$ 0.00 15b Health insurance 15b \$ 0.00 15c Vehicle insurance 15c \$ 0.00 15c Vehicle insurance 15c \$ 0.00 15d Other insurance. Specify: 15d \$ 0.00 15d Other insurance. Specify: 15d \$ 0.00 15d Other insurance. Specify: 15d \$ 0.00 15d Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 5 0.00 17a Car payments for Vehicle 1 17a \$ 535.16 17b Car payments for Vehicle 2 17b \$ 0.00 17c Other. Specify: Post bankruptcy filling atty fees 17c \$ 220.00 17d Other. Specify: Post bankruptcy filling atty fees 17c \$ 0.00 18 Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule 1, Your Income (Official Form 106). 19 Other payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule 1, Your Income (Official Form 106). 19 Other payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule 1, Your Income (Official Form 106). 19 Other payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule 1, Your Income (Official Form 106). 19 Other payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule 1, Your Income (Official Form 106). 19 Other payments of alimony, maintenance 19 Other payments of alimony, maintenance 19 Other payments 19 | 10. | Personal | I care products and services | 10. | \$ | 50.00 | | | | |
| Do not include car payments. 12. \$ 170.00 | 11. | Medical | and dental expenses | 11. | \$ | 0.00 | | | | |
| 13. Entertainment, clubs, recreation, newspapers, magazines, and books 14. Charitable contributions and religious donations 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15b. S. 0.00 15c. Vehicle insurance 15d. Other insurance. Specify: 15d. Other insurance. Specify: 15d. Other insurance. Specify: 15d. Other insurance. Specify: 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 17d. Car payments for Vehicle 1 17a. Car payments for Vehicle 2 17b. Car payments for Vehicle 2 17c. Other. Specify: 17d. Other. Specify: 18 Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106). Specify: 19. Other payments you make to support others who do not live with you. Specify: 19. Other apayments you make to support others who do not live with you. Specify: 20a. Mortgages on other property 20a. S. 0.00 20b. Real estate taxes 20b. S. 0.00 20c. Property, homeowner's, or renter's insurance 20c. Mortgages on other property 20a. S. 0.00 20b. Real estate taxes 20c. S. 0.00 20c. Homeowner's association or condominium dues 20e. S. 0.00 20e. Homeowner's association or condominium dues 20e. S. 0.00 20e. Homeowner's association or condominium dues 20e. S. 0.00 21. Other: Specify: 22c. Add lines 24 inrough 21. 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 22c. Add lines 22 and 22b. The result is your monthly expenses. \$\$3,327.16\$ | 12. | | | 40 | | 470.00 | | | | |
| 14. Charitable contributions and religious donations | | | | | · | | | | | |
| 15. Insurance | | | | | | | | | | |
| Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15a. Life insurance 15b. \$ 0.00 | | | • | 14. | \$ | 0.00 | | | | |
| 15a. Life insurance | 15. | | | | | | | | | |
| 15b. Health insurance 15c. Vehicle insurance 15d. Other insurance. Specify: 15d. Other insurance. Specify: 15d. Other insurance. Specify: 15d. Other insurance. Specify: 15d. Specify: 15d. Specify: 16. \$ 0.00 17. Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify: 17c. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). 19. Other payments you make to support others who do not live with you. Specify: 19. 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property 20b. Real estate taxes 20c. \$ 0.00 20c. Property, homeowner's, or renter's insurance 20c. Property, homeowner's, or renter's insurance 20c. Maintenance, repair, and upkeep expenses 20d. Maintenance, repair, and upkeep expenses 20e. Homeowner's association or condominium dues 21. Other: Specify: 22c. Add lines 4 through 21. 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 22c. Add line 22a and 22b. The result is your monthly expenses. \$ 3,327.16 | | | | 152 | \$ | 0.00 | | | | |
| 15c. Vehicle insurance 15c. \$ 147.00 15d. Other insurance. Specify: 15d. \$ 0.00 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. 5pecify: Specify: 16. \$ 0.00 17. Installment or lease payments: 17a. \$ 535.16 17b. Car payments for Vehicle 1 17a. \$ 535.16 17b. Car payments for Vehicle 2 17b. \$ 0.00 17c. Other. Specify: Post bankruptcy filing atty fees 17c. \$ 220.00 17d. Other. Specify: 17d. \$ 0.00 18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). 18. \$ 0.00 19. Other payments you make to support others who do not live with you. \$ 0.00 Specify: 19. 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property 20a. \$ 0.00 20b. Real estate taxes 20b. \$ 0.00 20c. Property, homeowner's, or renter's insurance 20c. \$ 0.00 20d. Maintenance, repair, and upkeep expenses 20d. \$ 0.00 20d. Mortgages on other property 20c. \$ 0.00 20d. Homeowner's association or condominium dues 20e. \$ 0.00 | | | | | | | | | | |
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| Specify: | 16 | | · · | | Ψ | 0.00 | | | | |
| 17a. Car payments for Vehicle 1 17a. Car payments for Vehicle 2 17b. Car payments for Vehicle 2 17c. Other. Specify: Post bankruptcy filing atty fees 17d. Other. Specify: Post bankruptcy filing atty fees 17d. Other. Specify: 17d. \$ 220.00 18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule 1, Your Income (Official Form 106l). 18. \$ 0.00 19. Other payments you make to support others who do not live with you. Specify: 19. 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule 1: Your Income. 20a. Mortgages on other property 20a. \$ 0.00 20b. Real estate taxes 20b. \$ 0.00 20c. Property, homeowner's, or renter's insurance 20c. \$ 0.00 20d. Maintenance, repair, and upkeep expenses 20d. \$ 0.00 20e. Homeowner's association or condominium dues 20e. \$ 0.00 21. Other: Specify: 21. +\$ 0.00 22. Calculate your monthly expenses 22a. Add lines 4 through 21. 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 22c. Add line 22a and 22b. The result is your monthly expenses. \$ 3,327.16 | 10. | | o not include taxes deducted from your pay or included in lines 4 or 20. | 16. | \$ | 0.00 | | | | |
| 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17b. Car payments for Vehicle 2 17c. Other. Specify: Post bankruptcy filing atty fees 17d. Other. Specify: 17d. \$ 220.00 17d. Other. Specify: 17d. \$ 0.00 18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). 19. Other payments you make to support others who do not live with you. Specify: 19. 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property 20a. \$ 0.00 20b. Real estate taxes 20b. \$ 0.00 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses 20d. Maintenance, repair, and upkeep expenses 20d. Homeowner's association or condominium dues 20e. Homeowner's association or condominium dues 20c. Calculate your monthly expenses 22a. Add lines 24 through 21. 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 22c. Add line 22a and 22b. The result is your monthly expenses. \$ 3,327.16 | 17. | , , | ent or lease payments: | | Ť ——— | 0.00 | | | | |
| 17c. Other. Specify: Post bankruptcy filing atty fees 17d. \$ 220.00 17d. Other. Specify: 17d. \$ 0.00 1 | | | | 17a. | \$ | 535.16 | | | | |
| 17d. Other. Specify: 17d. \$ 0.00 18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). 19. Other payments you make to support others who do not live with you. Specify: 19. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property 20a. \$ 0.00 20b. Real estate taxes 20b. \$ 0.00 20c. Property, homeowner's, or renter's insurance 20c. \$ 0.00 20d. Maintenance, repair, and upkeep expenses 20d. \$ 0.00 20e. Homeowner's association or condominium dues 20e. \$ 0.00 21. Other: Specify: 21. +\$ 0.00 22. Calculate your monthly expenses 22a. Add lines 4 through 21. 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 22c. Add line 22a and 22b. The result is your monthly expenses. \$ 3,327.16 | | 17b. Ca | r payments for Vehicle 2 | 17b. | \$ | 0.00 | | | | |
| 17d. Other. Specify: 17d. \$ 0.00 18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). 19. Other payments you make to support others who do not live with you. Specify: 19. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property 20a. \$ 0.00 20b. Real estate taxes 20b. \$ 0.00 20c. Property, homeowner's, or renter's insurance 20c. \$ 0.00 20d. Maintenance, repair, and upkeep expenses 20d. \$ 0.00 20e. Homeowner's association or condominium dues 20e. \$ 0.00 21. Other: Specify: 21. +\$ 0.00 22. Calculate your monthly expenses 22a. Add lines 4 through 21. 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 22c. Add line 22a and 22b. The result is your monthly expenses. \$ 3,327.16 | | 17c. Oth | her. Specify: Post bankruptcy filing atty fees | 17c. | \$ | | | | | |
| deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). 19. Other payments you make to support others who do not live with you. Specify: 19. 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property 20b. Real estate taxes 20b. \$ 0.00 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses 20d. Maintenance, repair, and upkeep expenses 20e. Homeowner's association or condominium dues 20e. \$ 0.00 21. Other: Specify: 22. Calculate your monthly expenses 22a. Add lines 4 through 21. 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 22c. Add line 22a and 22b. The result is your monthly expenses. \$ 3,327.16 | | | | 17d. | \$ | 0.00 | | | | |
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| 20b. Real estate taxes 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses 20e. Homeowner's association or condominium dues 20e. Homeowner's association or condominium dues 20e. \$ 0.00 21. Other: Specify: 21. +\$ 0.00 22. Calculate your monthly expenses 22a. Add lines 4 through 21. 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 22c. Add line 22a and 22b. The result is your monthly expenses. \$ 3,327.16 | 20. | | | | | 0.00 | | | | |
| 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses 20e. Homeowner's association or condominium dues 20e. Homeowner's association or condominium dues 20e. \$ 0.00 21. Other: Specify: 21. +\$ 0.00 22. Calculate your monthly expenses 22a. Add lines 4 through 21. 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 22c. Add line 22a and 22b. The result is your monthly expenses. \$ 3,327.16 | | | | | | | | | | |
| 20d. Maintenance, repair, and upkeep expenses 20e. Homeowner's association or condominium dues 20e. Homeowner's association or condominium dues 21. Other: Specify: 22. Calculate your monthly expenses 22a. Add lines 4 through 21. 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 22c. Add line 22a and 22b. The result is your monthly expenses. 20d. \$ 0.00 20e. \$ 0.00 21. +\$ 3,327.16 \$ 3,327.16 | | | | | | | | | | |
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| 21. Other: Specify: 22. Calculate your monthly expenses 22a. Add lines 4 through 21. 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 22c. Add line 22a and 22b. The result is your monthly expenses. 21. +\$ 0.00 \$ 3,327.16 \$ 3,327.16 | | | | | | | | | | |
| 22. Calculate your monthly expenses 22a. Add lines 4 through 21. 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 22c. Add line 22a and 22b. The result is your monthly expenses. \$ 3,327.16 \$ 3,327.16 | 0.4 | | | | | | | | | |
| 22a. Add lines 4 through 21. 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 22c. Add line 22a and 22b. The result is your monthly expenses. \$ 3,327.16 | 21. | Otner: S | pecify: | 21. | +\$ | 0.00 | | | | |
| 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 22c. Add line 22a and 22b. The result is your monthly expenses. \$ 3,327.16 | 22. | Calculate | e your monthly expenses | | | | | | | |
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| | | 22b. Cop | y line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 | | \$ | · | | | | |
| | | 22c. Add | line 22a and 22b. The result is your monthly expenses. | | \$ | 3.327.16 | | | | |
| 23. Calculate your monthly net income. | | | | | | | | | | |
| | 23. | | | | • | | | | | |
| 23a. Copy line 12 (your combined monthly income) from Schedule I. 23a. \$ 3,444.77 | | | | | | | | | | |
| 23b. Copy your monthly expenses from line 22c above. 23b\$ 3,327.16 | | 23b. Co | py your monthly expenses from line 22c above. | 23b. | -\$ | 3,327.16 | | | | |
| 22a Cubtrast your monthly avanges from your monthly income | | 220 011 | httpat vous monthly oversees from vous monthly income | | | | | | | |
| 23c. Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> . 23c. \$ 117.61 | | | | 23c. | \$ | 117.61 | | | | |
| The result is your morning net income. | | 1111 | o roodit to your monthly not moonto. | | <u></u> | | | | | |
| 24. Do you expect an increase or decrease in your expenses within the year after you file this form? | 24. | | | | | | | | | |
| For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a | | | | r mortgage | payment to incre | ease or decrease because of a | | | | |
| modification to the terms of your mortgage? | | | on to the terms of your mortgage? | | | | | | | |
| ■ No. | | | | | | | | | | |
| ☐ Yes. Explain here: | | ☐ Yes. | Explain here: | | | | | | | |

| Fill in this info | ormation to identify you | case: | | |
|---------------------|--|----------------------------|---|---------------------------------------|
| Debtor 1 | Joel Jim Gonzal | es | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | Jenna Nadine G | onzales | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States | Bankruptcy Court for the: | DISTRICT OF UTAH | | |
| Case number | 21-24997 | | | |
| (if known) | | | | ☐ Check if this is an |
| | | | | amended filing |
| Declara | | | Debtor's Schedules | 12/15 |
| If two married | people are filing togethe | er, both are equally respo | nsible for supplying correct information. | |
| obtaining mor | | in connection with a banl | s or amended schedules. Making a false sta kruptcy case can result in fines up to \$250, | |
| s | ign Below | | | |
| Did you | pay or agree to pay som | eone who is NOT an attor | rney to help you fill out bankruptcy forms? | |
| ■ No | | | | |
| ☐ Yes | . Name of person | | | ankruptcy Petition Preparer's Notice, |
| | | | Declarati | on, and Signature (Official Form 119) |
| | nalty of perjury, I declare are true and correct. | e that I have read the sum | nmary and schedules filed with this declara | tion and |
| X /s/ Jo | oel Jim Gonzales | | X /s/ Jenna Nadine Gonzales | |

Jenna Nadine Gonzales

Date December 7, 2021

Signature of Debtor 2

Joel Jim Gonzales

Signature of Debtor 1

Date December 7, 2021

| ЕШ | in this inform | ation to identify you | r case: | | | |
|----------|-------------------|---------------------------------|---|------------------------------------|-----------------------------------|--|
| | otor 1 | | | | | |
| Deb | OLOT I | Joel Jim Gonza First Name | Middle Name | Last Name | | |
| Deb | otor 2 | Jenna Nadine G | onzales | | | |
| (Spoi | use if, filing) | First Name | Middle Name | Last Name | | |
| Unit | ted States Ban | kruptcy Court for the: | DISTRICT OF UTAH | | | |
| Cas | e number 2 | 1-24997 | | | | |
| (if kn | own) | | | | | ☐ Check if this is an |
| | | | | | | amended filing |
| ~ | C: -: - 1 | 407 | | | | |
| | ficial For | | A (() () () () | | D 1 4 | |
| Sta | atement | of Financial | Affairs for Indiv | iduals Filing to | r Bankruptcy | 4/19 |
| | | | ible. If two married people | | | le for supplying correct , write your name and case |
| | |). Answer every que | | to this form. On the top o | any additional pages | , write your name and case |
| Par | Give De | etails About Your M | arital Status and Where Y | ou Lived Before | | |
| | | | | | | |
| 1. | wnat is your | current marital state | JS? | | | |
| | Married | | | | | |
| | □ Not marr | ied | | | | |
| 2. | During the la | st 3 years, have you | lived anywhere other tha | n where you live now? | | |
| | □ No | | | | | |
| | | all of the places you | lived in the last 3 years. Do | not include where you live | now | |
| | | . , | · | ŕ | | |
| | Debtor 1 Price | or Address: | Dates Debtor lived there | 1 Debtor 2 Prio | or Address: | Dates Debtor 2 lived there |
| | | 00 South #E332 ity, UT 84302 | From-To: 9-7-18 to 8- 1 | ■ Same as De | btor 1 | Same as Debtor 1 From-To: |
| | | | | | | |
| | | | ver live with a spouse or lalifornia, Idaho, Louisiana, N | | | or territory? (Community property |
| olulo | o ana torritorio | o moiddo / mzoria, Oc | amorria, radiro, Lodisiaria, i | vovada, rvow moxico, r doi | to Rioo, Toxao, Washing | jion and wisconsin.) |
| | ■ No | | | | | |
| | ☐ Yes. Mak | ke sure you fill out Sc | hedule H: Your Codebtors | (Official Form 106H). | | |
| Par | Explain | the Sources of You | ır Income | | | |
| 4. | Did you have | any income from e | nployment or from opera | ting a husiness during th | is year or the two prev | vious calendar vears? |
| ٠. | Fill in the total | amount of income yo | ou received from all jobs an have income that you rece | d all businesses, including | part-time activities. | ious calendal years: |
| | □ No | | | | | |
| | _ | in the details. | | | | |
| | | | Dobtos 1 | | Debt - 2 | |
| | | | Debtor 1 | Grand income | Debtor 2 | mo Greco income |
| | | | Sources of income Check all that apply. | Gross income (before deductions ar | Sources of inco Check all that ap | ply. (before deductions |
| | | | | exclusions) | | and exclusions) |

Case 21-24997 Doc 10 Filed 12/07/21 Entered 12/07/21 16:50:00 Desc Mair Document Page 39 of 52

Case number (if known) 21-24997 Debtor 2 **Jenna Nadine Gonzales** Debtor 1 Debtor 2 Sources of income **Gross income** Sources of income **Gross income** Check all that apply. (before deductions and Check all that apply. (before deductions exclusions) and exclusions) From January 1 of current year until \$12,779.72 ☐ Wages, commissions, \$0.00 Wages, commissions, the date you filed for bankruptcy: bonuses, tips bonuses, tips \square Operating a business ☐ Operating a business \$13,877.36 \$3,513.70 Wages, commissions, Wages, commissions, bonuses, tips bonuses, tips ☐ Operating a business ☐ Operating a business For last calendar year: \$17,569.00 \$8,169.00 ■ Wages, commissions, Wages, commissions, (January 1 to December 31, 2020) bonuses, tips bonuses, tips ☐ Operating a business ☐ Operating a business For the calendar year before that: \$0.00 \$18,195.91 ☐ Wages, commissions, Wages, commissions, (January 1 to December 31, 2019) bonuses, tips bonuses, tips ☐ Operating a business Operating a business Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. No Yes. Fill in the details. Debtor 1 Debtor 2 Sources of income Gross income from Sources of income **Gross income** Describe below. each source Describe below. (before deductions (before deductions and and exclusions) exclusions) From January 1 of current year until Tax Refund \$13,650.00 Tax Refund \$18.00 the date you filed for bankruptcy: For last calendar year: Tax Refund \$11,872.00 Tax Refund \$0.00 (January 1 to December 31, 2020) For the calendar year before that: Tax Refund \$8,891.00 Tax Refund \$139.00 (January 1 to December 31, 2019) Part 3: List Certain Payments You Made Before You Filed for Bankruptcy Are either Debtor 1's or Debtor 2's debts primarily consumer debts? Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,825* or more? \square No. Go to line 7. □ Yes List below each creditor to whom you paid a total of \$6,825* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. * Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.

Debtor 1

Joel Jim Gonzales

Entered 12/07/21 16:50:00 Case 21-24997 Doc 10 Filed 12/07/21 Document Page 40 of 52 Debtor 1 Joel Jim Gonzales 21-24997 Debtor 2 **Jenna Nadine Gonzales** Case number (if known) Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? □ No. Go to line 7. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. **Creditor's Name and Address Dates of payment** Total amount Amount you Was this payment for ... still owe paid **APG Financial** Bi-Weekly \$245.53 \$1,473.21 Unknown ■ Mortgage 4238 South Redwood Road Car Salt Lake City, UT 84123 ☐ Credit Card ■ Loan Repayment ☐ Suppliers or vendors ■ Other Lease Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. Nο

Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for Yes. List all payments to an insider. Insider's Name and Address Total amount Amount you Reason for this payment Dates of payment paid still owe Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider. П Yes. List all payments to an insider Insider's Name and Address Dates of payment **Total amount** Amount you Reason for this payment still owe Include creditor's name paid Part 4: Identify Legal Actions, Repossessions, and Foreclosures Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. No Yes. Fill in the details. Case title Nature of the case Court or agency Status of the case Case number 10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. ■ No. Go to line 11. Yes. Fill in the information below.

Official Form 107

Describe the Property

Explain what happened

Creditor Name and Address

Value of the

property

Date

Case 21-24997 Doc 10 Filed 12/07/21 Entered 12/07/21 16:50:00 Desc Main Document Page 41 of 52

| Deb | otor 2 Jenna Nadine Gonzales | | Case number (if known) 21-24997 | | | | |
|-----|---|--------------|--|----------------|--------------------|--------------------------|--|
| | | | | | | | |
| | Creditor Name and Address | Descr | ibe the Property | Date | | Value of the property | |
| | | Explai | in what happened | | | property | |
| | Equitable Ascent Financial 1120 W. Lake Cook Rd., Ste B | Auto | Repossession | 8-1-2 | 21 | Unknown | |
| | Buffalo Grove, IL 60089 | ■ Pro | perty was repossessed. | | | | |
| | | ☐ Pro | perty was foreclosed. | | | | |
| | | ☐ Pro | perty was garnished. | | | | |
| | | ☐ Pro | perty was attached, seized or levied. | | | | |
| | Tosh Inc | Wage | es | Vario | ous | \$904.46 | |
| | PO Box 970183 Orem, UT 84097 | | perty was repossessed. | | | | |
| | | | perty was foreclosed. | | | | |
| | | ■ Pro | pperty was garnished. | | | | |
| | | ☐ Pro | perty was attached, seized or levied. | | | | |
| | accounts or refuse to make a payment ■ No □ Yes. Fill in the details. Creditor Name and Address | · | ibe the action the creditor took | | action was | Amount | |
| | | | | taken | | | |
| Par | ■ No □ Yes t 5: List Certain Gifts and Contributio | ns | | | | | |
| 13. | ■ No | ruptcy, did | you give any gifts with a total value of more | e than \$60 | 0 per person | ? | |
| | Yes. Fill in the details for each gift. | | | | | | |
| | Gifts with a total value of more than \$6 per person | 00 D | escribe the gifts | Dates the g | s you gave ifts | Value | |
| | Person to Whom You Gave the Gift and Address: | ŀ | | | | | |
| 14. | ■ No | | you give any gifts or contributions with a to | otal value | of more than | \$600 to any charity? | |
| | Yes. Fill in the details for each gift or | | | | | | |
| | Gifts or contributions to charities that more than \$600 Charity's Name | | escribe what you contributed | Dates | s you ibuted | Value | |
| | Address (Number, Street, City, State and ZIP Cod | de) | | | | | |
| Par | t 6: List Certain Losses | | | | | | |
| 15. | Within 1 year before you filed for bankroor gambling? | uptcy or sin | nce you filed for bankruptcy, did you lose ar | nything be | cause of thef | t, fire, other disaster | |
| | ■ No | | | | | | |
| | ☐ Yes. Fill in the details. | | | | | | |
| | Describe the property you lost and how the loss occurred | Include the | any insurance coverage for the loss e amount that insurance has paid. List pending | loss | of your | Value of property los | |

Joel Jim Gonzales

Debtor 1

Case 21-24997 Doc 10 Filed 12/07/21 Entered 12/07/21 16:50:00 Desc Main Document Page 42 of 52

| | otor 1 otor 2 | Joel Jim Gonzales Jenna Nadine Gonzales | | Case number (<i>if knowr</i> | n) 21-24997 | | | |
|-----|---|---|--|--|--------------------------------|------------------------|--|--|
| Par | t 7: | List Certain Payments or Transfers | | | | | | |
| 16. | consu | n 1 year before you filed for bankruptcy, oulted about seeking bankruptcy or prepare le any attorneys, bankruptcy petition prepare | ing a bankruptcy petition? | | | rty to anyone you | | |
| | _ | No /es. Fill in the details. | | | | | | |
| | Addr Ema | on Who Was Paid ess il or website address on Who Made the Payment, if Not You | Description and value of any prop transferred | | e payment ransfer was de | Amount of payment | | |
| | 44 S Brig | tt G. Wilding, PLLC outh 100 West ham City, UT 84302 twilding@gmail.com | Attorney Fees Per fee Agreem | ent | | \$0.00 | | |
| | 4540 | Legal Data Services Honeywell Ct ton, OH 45424 | Credit Pull | 9/2 | 5/21 | \$40.00 | | |
| | 1916 | eySharp Credit Counseling Inc. 5 N. Fairfield Ave Suite 200 ago, IL 60647 | Credit Counseling | 8/18 | 8/21 | \$10.00 | | |
| 17. | prom | n 1 year before you filed for bankruptcy, of ised to help you deal with your creditors to include any payment or transfer that you list | or to make payments to your creditor | | sfer any propei | rty to anyone who | | |
| | | No | | | | | | |
| | | es. Fill in the details. | | | | | | |
| | Pers Addr | on Who Was Paid ess | Description and value of any prop transferred | | e payment ransfer was de | Amount of payment | | |
| | Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement. | | | | | | | |
| | _ | No ∕es. Fill in the details. | | | | | | |
| | Pers Addr | on Who Received Transfer ess | Description and value of property transferred | Describe any pr payments received paid in exchange | ved or debts | Date transfer was made | | |
| | Pers | on's relationship to you | | para in oxonang | JO | | | |
| 19. | benef | n 10 years before you filed for bankruptcy iciary? (These are often called asset-protect No. /es. Fill in the details. | | elf-settled trust or | similar device o | of which you are a | | |
| | | e of trust | Description and value of the prope | erty transferred | | Date Transfer was | | |
| | | | , | • | | made | | |

Case 21-24997 Doc 10 Filed 12/07/21 Entered 12/07/21 16:50:00 Desc Main Document Page 43 of 52

Debtor 1 **Joel Jim Gonzales**Debtor 2 **Jenna Nadine Gonzales**

Case number (if known) 21-24997

| Par | t 8: | List of Certain Financial Accounts, In | strun | nents, Safe Depos | it Boxes, and St | orage Unit | s | | |
|-----|--|---|----------------------------|--|----------------------------|-------------|--|---|--|
| 20. | Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. No Yes. Fill in the details. | | | | | | | | |
| | Na | nme of Financial Institution and Idress (Number, Street, City, State and ZIP | | at 4 digits of ount number | Type of account instrument | unt or | Date account was closed, sold, moved, or transferred | Last balance before closing or transfer | |
| 21. | | Oo you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, ash, or other valuables? | | | | | | | |
| | | ■ No □ Yes. Fill in the details. | | | | | | | |
| | | nme of Financial Institution Idress (Number, Street, City, State and ZIP Code) | | Who else had ac Address (Number, State and ZIP Code) | | Describe | the contents | Do you still have it? | |
| 22. | Hav | ve you stored property in a storage unit | or pla | ace other than you | ır home within 1 | year befor | e you filed for bankruptcy | /? | |
| | | No Yes. Fill in the details. | | | | | | | |
| | Name of Storage Facility Address (Number, Street, City, State and ZIP Code) | | | Who else has or had access to it? Address (Number, Street, City, State and ZIP Code) | | Describe | the contents | Do you still have it? | |
| Par | t 9: | Identify Property You Hold or Control | for S | Someone Else | | | | | |
| 23. | | you hold or control any property that so someone. | meor | ne else owns? Inc | lude any proper | ty you borr | rowed from, are storing fo | or, or hold in trust | |
| | | No Yes. Fill in the details. | | | | | | | |
| | | vner's Name Idress (Number, Street, City, State and ZIP Code) | | Where is the pro (Number, Street, City, Code) | | Describe | the property | Value | |
| Par | t 10 | Give Details About Environmental Info | orma | tion | | | | | |
| For | the | purpose of Part 10, the following definiti | ons a | apply: | | | | | |
| | Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. | | | | | | | | |
| | | e means any location, facility, or propert own, operate, or utilize it, including dispo | • | • | environmental I | aw, wheth | er you now own, operate, | or utilize it or used | |
| | Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term. | | | | | | | | |
| Rep | ort a | all notices, releases, and proceedings th | at yo | u know about, reg | ardless of when | they occu | ırred. | | |
| 24. | Has | s any governmental unit notified you tha | t you | may be liable or p | ootentially liable | under or i | n violation of an environm | nental law? | |
| | | No Yes. Fill in the details. | | | | | | | |
| | Na | nme of site Idress (Number, Street, City, State and ZIP Code) | onmental law, if you it | Date of notice | | | | | |

Entered 12/07/21 16:50:00 Case 21-24997 Doc 10 Filed 12/07/21 Page 44 of 52 Document Debtor 1 Joel Jim Gonzales 21-24997 Debtor 2 **Jenna Nadine Gonzales** Case number (if known) 25. Have you notified any governmental unit of any release of hazardous material? Yes. Fill in the details. Name of site Governmental unit Environmental law, if you Date of notice Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and know it ZIP Code) 26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders. Nο Yes. Fill in the details. Case Title Nature of the case Status of the Court or agency Case Number Name case Address (Number, Street, City, State and ZIP Code) Part 11: Give Details About Your Business or Connections to Any Business 27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business? ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time A member of a limited liability company (LLC) or limited liability partnership (LLP) ☐ A partner in a partnership ☐ An officer, director, or managing executive of a corporation ☐ An owner of at least 5% of the voting or equity securities of a corporation No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business. **Business Name** Describe the nature of the business **Employer Identification number Address** Do not include Social Security number or ITIN. (Number, Street, City, State and ZIP Code) Name of accountant or bookkeeper Dates business existed Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. Nο Yes. Fill in the details below. Name **Date Issued** Address (Number, Street, City, State and ZIP Code) I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers /s/ Jenna Nadine Gonzales Jenna Nadine Gonzales Signature of Debtor 2

Part 12: Sign Below

are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ Joel Jim Gonzales Joel Jim Gonzales Signature of Debtor 1 Date December 7, 2021 **Date December 7, 2021**

Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?

■ No

☐ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

■ No

☐ Yes. Name of Person . Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Official Form 107 Software Copyright (c) 1996-2021 Best Case, LLC - www.bestcase.com

Doc 10 Filed 12/07/21 Entered 12/07/21 16:50:00 Desc Main Case 21-24997 Page 45 of 52 Document

Joel Jim Gonzales Debtor 1

Jenna Nadine Gonzales Debtor 2

Case number (if known) 21-24997

Case 21-24997 Doc 10 Filed 12/07/21 Entered 12/07/21 16:50:00 Desc Main Document Page 46 of 52

| | | | ı |
|---------------------------------------|--|--|-------------------------------------|
| Fill in this informa | ation to identify your case: | | |
| Debtor 1 | Joel Jim Gonzales | | |
| | First Name Middle N | lame Last Name | |
| Debtor 2 | Jenna Nadine Gonzales | | |
| (Spouse if, filing) | First Name Middle N | lame Last Name | |
| United States Bank | cruptcy Court for the: DISTRICT C | OF UTAH | |
| 0 | | | |
| Case number 21 | -24997 | _ | ☐ Check if this is an |
| () | | | amended filing |
| 1 | | | amenaea ming |
| | | | |
| Official For | m 108 | | |
| | | ndividuals Filing Under Chapto | or 7 |
| Statemen | of intention for in | idividuais i illing Onder Chapti | EF / 12/15 |
| 16 | deal City and a short a 7 consequent | and CIII and the forms if | |
| | dual filing under chapter 7, you m | | |
| _ | claims secured by your property, o | | |
| | d personal property and the lease | | -4 for the monting of our ditare |
| | | s after you file your bankruptcy petition or by the date so nds the time for cause. You must also send copies to the | |
| on the fo | • | | |
| lf t | | and hother and assembly recommendate for assembly an assembly | mfannation Dath dahtana must |
| | pie are filing together in a joint cas date the form. | se, both are equally responsible for supplying correct in | ntormation. Both deptors must |
| J | | | |
| | | pace is needed, attach a separate sheet to this form. On | the top of any additional pages, |
| write you | ır name and case number (if know | m). | |
| Part 1: List You | r Creditors Who Have Secured Cla | aims | |
| | | | |
| 1. For any creditor information below | | dule D: Creditors Who Have Claims Secured by Propert | y (Official Form 106D), fill in the |
| | itor and the property that is collatera | al What do you intend to do with the property tha | t Did you claim the property |
| | | secures a debt? | as exempt on Schedule C? |
| | | | |
| Craditaria Titi | la May | <u>_</u> | П., |
| | e Max | Surrender the property. | □ No |
| name: | | Retain the property and redeem it. | ■ Yes |
| Description of | 2013 Hyundai Elantra | Retain the property and enter into a | — res |
| property | 2010 Hyundai Elaitia | Reaffirmation Agreement. Retain the property and [explain]: | |
| securing debt: | | Tretain the property and [explain]. | |
| · · | | | _ |
| Part 2: List You | r Unexpired Personal Property Le | ases | |
| | | listed in Schedule G: Executory Contracts and Unexpir | |
| | | es. Unexpired leases are leases that are still in effect; the ase if the trustee does not assume it. 11 U.S.C. § 365(p) | |
| rou may accumo c | iii alloxpii oa porooliai proporty iot | | (-)- |
| Describe your un | expired personal property leases | | Will the lease be assumed? |
| | | | |
| Lessor's name: | - 4 | | □ No |
| Description of leas Property: | e u | | ☐ Yes |
| | | | ⊔ res |
| Lessor's name: | | | □ No |
| Description of leas | ed | | — 140 |
| Property: | | | ☐ Yes |
| | | | |
| Lessor's name: | | | |

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

Case 21-24997 Doc 10 Filed 12/07/21 Entered 12/07/21 16:50:00 Desc Main Document Page 47 of 52

| Debto Debto | - | oel Jim Gonzales enna Nadine Gonzales | | Case number (if known) | 21-24997 | | |
|----------------|--|--|------|---|---------------|--|--|
| Desci Prope | • | of leased | | | □ No □ Yes | | |
| | | ne: of leased | | | □ No □ Yes | | |
| | • | ne: of leased | | | □ No □ Yes | | |
| | • | ne: of leased | | | □ No □ Yes | | |
| Desci Prope | erty: | f leased | | | □ No □ Yes | | |
| Under prope | Sign Below Inder penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal roperty that is subject to an unexpired lease. X /s/ Jenna Nadine Gonzales | | | | | | |
| | | m Gonzales re of Debtor 1 | | nna Nadine Gonzales nature of Debtor 2 | | | |
| ĺ | Date | December 7, 2021 | Date | December 7, 2021 | | | |

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation |
|------------|--------------------|
| \$245 | filing fee |
| \$78 | administrative fee |
| + \$15 | trustee surcharge |
| \$338 | total fee |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their non-exempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

\$571 administrative fee

\$1,738 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee |
|---|-------|--------------------|
| + | \$78 | administrative fee |
| | \$278 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$78 | administrative fee |
| | \$313 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/forms/bankruptcy-forms

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://www.uscourts.gov/services-forms/bankruptcy/credit-counseling-and-debtor-education-courses.

In Alabama and North Carolina, go to: http://www.uscourts.gov/services-forms/bankruptcy/cre dit-counseling-and-debtor-education-courses.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 21-24997 Doc 10 Filed 12/07/21 Entered 12/07/21 16:50:00 Desc Main Document Page 52 of 52

United States Bankruptcy Court District of Utah

| In re | Joel Jim Gonzales re Jenna Nadine Gonzales | | Case No. | 21-24997 |
|-------|---|-----------|----------|----------|
| | | Debtor(s) | Chapter | 7 |
| | | | | |

VERIFICATION OF CREDITOR MATRIX

The above-named Debtors hereby verify that the attached list of creditors is true and correct to the best of their knowledge.

| Date: | December 7, 2021 | /s/ Joel Jim Gonzales | |
|-------|------------------|---------------------------|--|
| | | Joel Jim Gonzales | |
| | | Signature of Debtor | |
| Date: | December 7, 2021 | /s/ Jenna Nadine Gonzales | |
| | | Jenna Nadine Gonzales | |
| | | Signature of Debtor | |